Sexual, reproductive, maternal, newborn, child and adolescent health

Report on the 2023 policy survey

World Health Organization

Sexual, reproductive, maternal, newborn, child and adolescent health

Report on the 2023 policy survey

World Health Organization

Sexual, reproductive, maternal, newborn, child and adolescent health: report on the 2023 policy survey

ISBN 978-92-4-010017-6 (electronic version)
ISBN 978-92-4-010018-3 (print version)

© World Health Organization 2024

Some rights reserved. This work is available under the Creative Commons Attribution-NonCommercial-ShareAlike 3.0 IGO licence (CC BY-NC-SA 3.0 IGO; https://creativecommons.org/licenses/by-nc-sa/3.0/igo).

Under the terms of this licence, you may copy, redistribute and adapt the work for non-commercial purposes, provided the work is appropriately cited, as indicated below. In any use of this work, there should be no suggestion that WHO endorses any specific organization, products or services. The use of the WHO logo is not permitted. If you adapt the work, then you must license your work under the same or equivalent Creative Commons licence. If you create a translation of this work, you should add the following disclaimer along with the suggested citation: "This translation was not created by the World Health Organization (WHO). WHO is not responsible for the content or accuracy of this translation. The original English edition shall be the binding and authentic edition".

Any mediation relating to disputes arising under the licence shall be conducted in accordance with the mediation rules of the World Intellectual Property Organization (http://www.wipo.int/amc/en/mediation/rules/).

Suggested citation. Sexual, reproductive, maternal, newborn, child and adolescent health: report on the 2023 policy survey. Geneva: World Health Organization; 2024. Licence: CC BY-NC-SA 3.0 IGO.

Cataloguing-in-Publication (CIP) data. CIP data are available at https://iris.who.int/.

Sales, rights and licensing. To purchase WHO publications, see https://www.who.int/publications/book-orders. To submit requests for commercial use and queries on rights and licensing, see https://www.who.int/copyright.

Third-party materials. If you wish to reuse material from this work that is attributed to a third party, such as tables, figures or images, it is your responsibility to determine whether permission is needed for that reuse and to obtain permission from the copyright holder. The risk of claims resulting from infringement of any third-party-owned component in the work rests solely with the user.

General disclaimers. The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

The mention of specific companies or of certain manufacturers' products does not imply that they are endorsed or recommended by WHO in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

All reasonable precautions have been taken by WHO to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either expressed or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall WHO be liable for damages arising from its use.

Design and layout by 400 Communications Limited.

Contents

Acknowledgements xvi
Abreviations xvii
Executive summary xviii
1. Introduction 2
2. Methods 5
2.1 Development of survey tool 5
2.2 Survey administration 5
2.3 Data processing 6
2.4 Data analysis 6
3. Response rate 8
4. Cross-cutting areas in SRMNCAH 11
4.1 Key points on availability of national policies/guidelines/laws in cross-cutting areas 11
4.2 Availability of national strategies/plans and coordinating bodies for SRMNCAH 13
4.3 Availability of national policies/guidelines on quality of care for SRMNCAH services 16
4.4 Availability of national legislation on the rights of the child to health and health care 18
4.5 Availability of national policies and legislation on birth registration 18
5. Maternal and newborn health 21
5.1 Key points on availability of national policies/guidelines/laws on maternal and newborn health 21
5.2 Availability of national strategic plans 24
5.3 Availability of national antenatal care policies 25
5.3.1 Availability of national policies/guidelines on number and timing of antenatal care contacts 25
5.3.2 Availability of national policies/guidelines on components of antenatal care 27
5.3.3 Availability of national policies/guidelines on use of antenatal corticosteroids 28
5.4 Availability of national policies/guidelines related to childbirth 29
5.5 Availability of national policies/guidelines on postnatal care for mothers and newborns 30
5.5.1 Availability of national policies/guidelines on essential newborn care 31
5.5.2 Availability of national policies/guidelines on the minimum length of stay in a facility and discharge criteria 32

5.5.3 Availability of national policies/guidelines on number of routine postnatal contacts 34

5.5.4 Availability of national policies/guidelines on home visits for postnatal contact during first week after birth 35

5.5.5 Availability of national policies/guidelines on postnatal care for the woman and baby and newborn screening 36

5.5.6 Availability of national birth defect surveillance systems 37

5.6 Availability and components of national policies/guidelines on the care of small and sick newborns 38

5.6.1 Availability and components of national policies/guidelines on the management of low-birth-weight and preterm newborns 38

5.6.2 Availability of national standards on management of newborns with severe illness 40

5.7 Availability of national policies exempting user fees for services in the public sector for mothers and newborns 41

5.8 Availability of national policies/guidelines on the education of midwifery care providers 42

5.9 Availability of national policies/guidelines/laws on maternal or perinatal death surveillance and response 43

6. Child health 47

6.1 Key points on availability of national policies/guidelines/laws on child health 47

6.2 Availability of national strategic plan on child health 49

6.3 Availability of national policies/guidelines on management of childhood pneumonia, diarrhoea, and malaria 50

6.3.1 Availability of national policies/guidelines on management of pneumonia in children 50

6.3.2 Availability of national policies/guidelines on management of diarrhoea in children 53

6.4 Availability of national policies/guidelines on provision of IMCI 55

6.5 Availability of national policies/guidelines on paediatric hospital care for sick children 57

6.6 Availability of national policies/guidelines on early childhood development 58

6.7 Availability of national policies exempting user fees for services in the public sector for children 61

7. Adolescent health 63

7.1 Key points on availability of national guidelines/policies/laws on adolescent health 63

7.2 Availability of national strategic plans/policies/guidelines on adolescent health 65

7.3 Availability, components, and monitoring of national standards for delivery of health services to adolescents 66

7.4 Availability and components of national standards for health-promoting schools 68

7.5 Availability of national programmes on adolescent health 68

7.6 Existence of national policies/guidelines on age limits for adolescents' ability to consent to certain interventions without parental/spousal consent 70

7.7 Availability of national policies exempting user fees for services in the public sector for adolescents 72

7.8 Availability of national laws/policies on novice drivers and alcohol marketing and sale 73

8. Sexual and reproductive health 75

8.1 Key points on availability of national guidelines/policies/laws on sexual and reproductive health 75

8.2 Availability of national strategic plans/policies/guidelines on sexual and reproductive health care 76

8.3 Availability of national policies/guidelines on family planning/contraception 78

8.3.1 Availability of national clinical practice guidelines on family planning/ contraception 80

8.4 Availability of national policies/guidelines on STIs 82

8.5 Availability and components of national policies/guidelines on comprehensive national cervical cancer prevention 83

8.5.1 Availability of national policies exempting user fees for cervical cancer services in the public sector 83

8.6 Availability of national laws/policies/guidelines on, and financial support for, infertility management 84

8.7 Availability of national laws/policies/guidelines on sexual health 85

8.7.1 Availability of non-discrimination provisions in national policies/guidelines/laws on sexual health services 86

8.7.2 Availability of a policies/laws prohibiting harmful practices 86

8.7.3 Existence of policies/laws prohibiting same-sex relationships or behaviours 86

8.7.4 Availability of national policies/guidelines/laws on mandatory comprehensive sexuality education in the regular education system 86

8.8 Availability of national policies/guidelines on self-care interventions for sexual and reproductive health 88

8.9 Availability of national policies exempting user fees for services in the public sector for women of reproductive age 90

9. Violence against women 92

9.1 Methods 92

9.2 Key points on availability of national guidelines/policies on violence against women 93

9.3 Enabling environment 93

9.4 Woman-centred care 94

9.5 Health services for survivors of intimate partner violence and sexual violence 95

9.6 Adolescent girls and young women as a priority population 96

9.7 Conclusions 96

References 98

Annex 1: Sexual, reproductive, maternal, newborn, child and adolescent health policy survey 2023 questionnaire 102

Annex 2: Country tables 106

Annex 3. Region tables 166

Annex 4. Countries, territories, areas that completed the 2023 WHO SRMNCAH policy survey 217

List of tables

Table 1. Response rate to 2023 WHO SRMNCAH policy survey 9

Table 2. Summary of availability of selected cross-cutting SRMNCAH policies/guidelines/laws, by WHO region and World Bank income group, as reported in 2023 WHO SRMNCAH Policy Survey 11

Table 3. Summary of availability of selected policies/guidelines/laws on maternal and newborn health, by WHO region and World Bank income group, as reported in 2023 WHO SRMNCAH policy survey 21

Table 4. Summary of availability of selected policies/guidelines/laws on child health, by WHO region and World Bank income group, as reported in 2023 WHO SRMNCAH policy survey 48

Table 5. Summary of availability of selected policies/guidelines/laws on adolescent health, by WHO region and World Bank income group, as reported in 2023 WHO SRMNCAH policy survey 64

Table 6. Summary of availability of selected policies/guidelines/laws on sexual and reproductive health, by WHO region and World Bank income group, as reported in 2023 WHO SRMNCAH policy survey 75

Table 7. Policy/guideline on self-care interventions for sexual and reproductive health includes specified interventions, as reported in 2023 WHO SRMNCAH policy survey 89

List of figures

Fig. 1. Proportional existence of 14 selected policies/guidelines/strategies, by country, as reported in 2023 WHO SRMNCAH policy survey xix

Fig. 2. WHO Member States that completed the 2023 WHO SRMNCAH policy survey 8

Fig. 3. Integrated strategy/plan for SRMNCAH, as reported in 2023 WHO SRMNCAH policy survey 13

Fig. 4. Existence of national coordinating body responsible for developing, implementing, or oversight of any SRMNCAH strategy, policy, or plans, by WHO region, as reported in 2018–2019 and 2023 WHO SRMNCAH policy surveys 14

Fig. 5. Stakeholders typically included in national SRMNCAH coordinating body, as reported in 2023 WHO SRMNCAH policy survey 14

Fig. 6. Meeting frequency of national SRMNCAH coordinating body, by WHO region, as reported in 2023 WHO SRMNCAH policy survey 15

Fig. 7. Stakeholders that participate in reviews of SRMNCAH plans, as reported in 2023 WHO SRMNCAH policy survey 15

Fig. 8. Existence of national policy/guideline to improve quality of care that includes or is specific to any SRMNCAH services, by WHO region, as reported in 2018–2019 and 2023 WHO SRMNCAH policy surveys 16

Fig. 9. National quality of care standards and protocols for delivery of services in health facilities developed for any SRMNCAH services, by WHO region, as reported in 2023 WHO SRMNCAH policy survey 17

Fig. 10. National quality of care standards and protocols for delivery of services in health facilities developed for any SRMNCAH services, by service area, as reported in 2023 WHO SRMNCAH policy survey 17

Fig. 11. National child rights/child welfare/child protection legislation, as reported in 2023 WHO SRMNCAH policy survey 18

Fig. 12. Policy requirements and process for birth registration, as reported in 2023 WHO SRMNCAH policy survey 19

Fig. 13. Strategic plan exists for maternal and newborn health, as reported in 2023 WHO SRMNCAH policy survey and 2021 European action plan for sexual and reproductive health survey 24

Fig. 14. Recommended number of antenatal care contacts for a normal pregnancy indicated in national antenatal care policy/guideline, by WHO region, as reported in 2018–2019 and 2023 WHO policy surveys 25

Fig. 15. Recommended timing of first antenatal care contact as indicated in national antenatal care policy/guideline, by WHO region, as reported in 2018–2019 and 2023 WHO policy surveys 26

Fig. 16. Content of policy/guideline on antenatal care for normal pregnancies, as reported in 2023 WHO SRMNCAH policy survey 27

Fig. 17. Recommendation of use of antenatal corticosteroids for prevention of preterm birth complications in national policy/guideline, by WHO region, as reported in 2023 WHO SRMNCAH policy survey 28

Fig. 18. Availability of selected national policies/guidelines related to childbirth as reported in 2023 WHO SRMNCAH policy survey 29

Fig. 19. National policy/guideline on postnatal care for women and/or newborns, by WHO region, as reported in 2018–2019 and 2023 WHO SRMNCAH policy surveys 30

Fig. 20. National policies/guidelines on essential newborn care that recommend selected interventions as reported in WHO 2023 SRMNCAH policy survey 31

Fig. 21. National policy/guideline that recommends that woman and newborn be kept together from birth until they are discharged from a facility, by WHO region, as reported in 2023 WHO SRMNCAH policy survey 32

Fig. 22. Recommended minimum length of stay in a facility for woman and newborn after normal vaginal birth per national policy/guideline, by WHO region, as reported in 2023 WHO SRMNCAH policy survey 33

Fig. 23. Recommended minimum length of stay in a facility for woman and newborn after caesarean section per national policy/guideline, by WHO region, as reported in 2023 WHO SRMNCAH policy survey 33

Fig. 24. National policy/guideline specifies criteria for discharge for the woman and/or newborn after facility birth, as reported in 2023 WHO SRMNCAH policy survey 34

Fig. 25. Number of routine postnatal contacts recommended in the national policy/guideline, by WHO region, as reported in 2023 WHO SRMNCAH policy survey 34

Fig. 26. National policy/guideline recommends a home visit for the postnatal contact during the first week after birth, by WHO region, as reported in 2023 WHO SRMNCAH policy survey 35

Fig. 27. Specified interventions recommended in national policy/guideline on postnatal care, as reported in 2023 WHO SRMNCAH policy survey 36

Fig. 28. Newborn conditions for which national policy/guideline recommends screening, as reported in 2023 WHO SRMNCAH policy survey 37

Fig. 29. Birth defect surveillance system exists in the country, as reported in the 2023 WHO SRMNCAH policy survey 37

Fig. 30. National policy/guideline on management of low-birth-weight and preterm newborns, by WHO region, as reported in 2018–2019 and 2023 WHO SRMNCAH policy surveys 38

Fig. 31. National policy/guideline that recommends preterm/low-birth-weight newborns, including those with very low birth weight, should be fed breastmilk, by WHO region, as reported in 2023 WHO SRMNCAH policy survey 39

Fig. 32. National policies/guidelines on care for preterm/low-birth-weight newborns, as reported in the 2023 WHO SRMNCAH policy survey 39

Fig. 33. National policy/guideline that recommends CPAP as the primary means of respiratory support for preterm infants with respiratory distress 40

Fig. 34. National policies/guidelines for the management of newborn infants with severe illness, by WHO region, as reported in 2018–2019 and 2023 WHO SRMNCAH policy surveys 40

Fig. 35. National policy/guideline for treatment of young infants (aged 0–59 days) with possible serious bacterial infection at primary health facility when referral is not feasible, by WHO region, as reported in 2023 WHO SRMNCAH policy survey 41

Fig. 36. Specified health services to be provided free of charge in public sector for women of reproductive age per national policy, as reported in the 2023 WHO SRMNCAH policy survey 42

Fig. 37. Specified health services to be provided free of charge at point of care in public sector for newborns per national policy, as reported in the 2023 WHO SRMNCAH policy survey 42

Fig. 38. National policies/guidelines on midwifery, by WHO region, as reported in 2023 WHO SRMNCAH policy survey 43

Fig. 39. National policy/guideline/law that requires audit and/or review of maternal or perinatal death, as reported in 2023 WHO SRMNCAH policy survey and 2021 European action plan for sexual and reproductive health survey 44

Fig. 40. National policy/guideline/law requiring maternal and perinatal deaths to be notified to a central authority, as reported in 2023 WHO SRMNCAH policy survey 44

Fig. 41. National policy/guideline requiring classification of the causes of maternal deaths according to the ICD-MM, by WHO region, as reported in 2018–2019 and 2023 WHO SRMNCAH policy surveys 45

Fig. 42. Strategic plan exists for child health, as reported in 2023 WHO SRMNCAH policy survey 49

Fig. 43. National policy/guideline on the management of childhood pneumonia for children 2–59 months of age and 5–9 years of age, by WHO region, as reported in 2023 WHO SRMNCAH policy survey 50

Fig. 44. Level of health system at which pneumonia with chest in-drawing can be treated per national policy/guideline, by WHO region, as reported in 2018–2019 and 2023 WHO SRMNCAH policy surveys 51

Fig. 45. First-line treatment for pneumonia with chest in-drawing and fast breathing per national policy/guideline, as reported in 2018–2019 and 2023 WHO SRMNCAH policy surveys 52

Fig. 46. Recommended duration of treatment for pneumonia with fast breathing per national policy/guideline, by WHO region, as reported in 2018–2019 and 2023 WHO SRMNCAH policy surveys 52

Fig. 47. National policy/guideline on management of childhood diarrhoea, by WHO region, as reported in 2023 WHO SRMNCAH policy survey 53

Fig. 48. Recommended treatment for diarrhoea with dehydration per national policy/guideline, by WHO region, as reported in the 2018–2019 and 2023 WHO SRMNCAH policy surveys 53

Fig. 49. National policy/guideline on the management of malaria with recommendations for children, by WHO region, as reported in 2023 WHO SRMNCAH policy survey 54

Fig. 50. Recommended first-line treatment for malaria per national policy/guideline as reported in 2023 WHO SRMNCAH policy survey 54

Fig. 51. National policy/guidelines on prevention of malaria as reported in 2023 WHO SRMNCAH policy survey 55

Fig. 52. National policy/guideline on IMCI, as reported in 2023 WHO SRMNCAH policy survey 55

Fig. 53. National policy/guideline on iCCM, by WHO region, as reported in 2023 WHO SRMNCAH policy survey 56

Fig. 54. Activities that can be conducted by CHWs per national policy/guideline, as reported in 2023 WHO SRMNCAH policy survey 56

Fig. 55. National policy/guideline and clinical standards for management of children with severe illness in hospitals, by WHO region, as reported in 2018–2019 and 2023 WHO SRMNCAH policy surveys 57

Fig. 56. National policy/guideline on early childhood development, as reported in 2023 WHO SRMNCAH policy survey 58

Fig. 57. Content of national policy/guideline on early childhood development, as reported in 2023 WHO SRMNCAH policy survey 59

Fig. 58. National coordination mechanism for early childhood development, by WHO region, as reported in 2018–2019 and 2023 WHO SRMNCAH policy surveys 60

Fig. 59. Involvement of sectors in national coordination mechanism for early childhood development, as reported in 2023 WHO SRMNCAH policy survey 60

Fig. 60. Exemptions from user fees for children in public sector, per national policy, for specified health services, as reported in 2023 WHO SRMNCAH policy survey 61

Fig. 61. Strategic plan exists for adolescent health/well-being, as reported in 2023 WHO SRMNCAH policy survey and 2021 European action plan for sexual and reproductive health survey 65

Fig. 62. Adolescents cited as a specific target group for defined interventions/activities in a national policy/guideline for the following health issues, as reported in 2023 WHO SRMNCAH policy survey 66

Fig. 63. National standards for delivery of health services to adolescents, by WHO region, as reported in 2018–2019 and 2023 WHO SRMNCAH policy surveys 67

Fig. 64. Availability, components, and monitoring of national standards for delivery of health services to adolescents, by WHO region, as reported in 2023 WHO SRMNCAH policy survey 67

Fig. 65. Availability of national standards for health-promoting schools and related monitoring activities, by WHO region, as reported in 2023 WHO SRMNCAH policy survey 68

Fig. 66. National adolescent health/well-being programme, by WHO region, computed from responses to 2018–2019 and 2023 WHO SRMNCAH policy surveys 69

Fig. 67. At least one designated full-time person for the national adolescent health/well-being programme, by WHO region, as reported in 2018–2019 and 2023 WHO SRMNCAH policy surveys 69

Fig. 68. Regular government budget allocation to support the national adolescent health/well-being programme, by WHO region, as reported in 2018–2019 and 2023 WHO SRMNCAH policy surveys 70

Fig. 69. Existence of age limit for different types of service for unmarried adolescents to provide consent without parental/legal guardian consent, as reported in 2023 WHO SRMNCAH policy survey and 2020 European child and adolescent health strategy survey 71

Fig. 70. Existence of age limit for different types of service for married adolescents to provide consent without spousal consent, as reported in 2023 WHO SRMNCAH policy survey 71

Fig. 71. Exemptions from user fees for adolescents in public sector, per national policy, for specified health services, as reported in 2023 WHO SRMNCAH policy survey 72

Fig. 72. Existence of laws/policies to provide graduated licensing for novice drivers, designate a minimum age for the sale alcoholic beverages, and regulate marketing of alcohol to minors, as reported in 2023 WHO SRMNCAH policy survey 73

Fig. 73. Strategic plan exists for sexual and reproductive health, as reported in 2023 WHO SRMNCAH policy survey and 2021 European action plan for sexual and reproductive health survey 77

Fig. 74. National policies/guidelines on sexual and reproductive health care, by WHO region, as reported in 2023 WHO SRMNCAH policy survey 77

Fig. 75. Policies/guidelines for competencies and continuous professional education for health providers in sexual and reproductive health care, by WHO region, as reported in 2023 WHO SRMNCAH policy survey 78

Fig. 76. National policy/guideline on family planning/contraception, as reported in 2023 WHO SRMNCAH policy survey and 2021 European action plan for sexual and reproductive health survey 79

Fig. 77. National policy/guideline on family planning/contraception has provisions that restrict access to these services to selected population groups, as reported in 2023 WHO SRMNCAH policy survey 79

Fig. 78. National clinical practice guidelines on family planning/contraception, by WHO region, as reported in 2023 WHO SRMNCAH policy survey 80

Fig. 79. Cadres of health workers allowed to independently perform selected services, other than a specialist doctor, as reported in 2023 WHO SRMNCAH policy survey 81

Fig. 80. National policies /guidelines on STI diagnosis, treatment, and counselling, by WHO region, as reported in 2023 WHO SRMNCAH policy survey 82

Fig. 81. Content of national strategies/policies /guidelines on STIs, as reported in 2023 WHO SRMNCAH policy survey 82

Fig. 82. Existence of national cervical cancer prevention and control policy/guideline, as reported in 2023 WHO SRMNCAH policy survey and 2021 European action plan for sexual and reproductive health survey 83

Fig. 83. Services recommended in national policy/guideline on cervical cancer prevention and control as reported in 2023 WHO SRMNCAH policy survey 84

Fig. 84. Laws/policies/guidelines on infertility management, by WHO region, as reported in 2023 WHO SRMNCAH policy survey and 2021 European action plan for sexual and reproductive health survey 84

Fig. 85. Existence of programmes that provide financial support for the individual use of assisted fertility services, as reported in 2023 WHO SRMNCAH policy survey and 2021 European action plan for sexual and reproductive health survey 85

Fig. 86. Existence of national policies/laws/guidelines on sexual health services, by WHO region, as reported in 2023 WHO SRMNCAH policy survey 85

Fig. 87. Provisions for non-discrimination against selected criteria/groups included in laws/policies/guidelines on sexual health, as reported in 2023 WHO SRMNCAH policy survey 86

Fig. 88. Existence of policies/laws that prohibit various actions, behaviours, or relationships, as reported in 2023 WHO SRMNCAH policy survey 87

Fig. 89. Policies /laws/guidelines for mandatory comprehensive sexuality education as part of the regular educational curriculum, by WHO region, as reported in 2023 WHO SRMNCAH policy survey and 2021 European action plan for sexual and reproductive health survey 87

Fig. 90. Minimum age of consent to marriage for women/girls and men/boys, as reported in 2023 WHO SRMNCAH policy survey 88

Fig. 91. Existence of national policy/guideline on self-care interventions for sexual and reproductive health, as reported in 2023 WHO SRMNCAH policy survey 89

Fig. 92. Specified health services to be provided free of charge in public sector for women of reproductive age per national policy, as reported in the 2023 WHO SRMNCAH policy survey 90

Fig. 93. Availability of national health policies that include VAW, multisectoral VAW policies, or health sector VAW policies (VAW clinical guidelines), by WHO region 94

Fig. 94. Percentage of countries that include violence against women survivors' right to privacy in practice, right to privacy as a principle, or both in their available policies 94

Fig. 95. Percentage of countries that include first-line support for survivors of violence against women in their available policies 95

Fig. 96. Percentage of countries that recognize that adolescent girls and/or young women are disproportionately affected by violence against women in their available national plan, policy, or protocol, by WHO region 96

List of Annex 2 tables

Table A2.1. Existence of selected SRMNCAH policies/guidelines by country as reported in the 2023 WHO SRMNCAH policy survey 106

Table A2.2. Existence of selected cross-cutting SRMNCAH policies/guidelines/laws by country, as reported in the 2023 WHO SRMNCAH policy survey 118

Table A2.3. Existence of selected policies/guidelines/laws on maternal and newborn health by country, as reported in the 2023 WHO SRMNCAH policy survey 126

Table A2.4. Existence of selected policies/guidelines/laws on child health by country, as reported in the 2023 WHO SRMNCAH policy survey 142

Table A2.5. Existence of selected policies/guidelines/laws on adolescent health by country, as reported in the 2023 WHO SRMNCAH policy survey 150

Table A2.6. Existence of selected policies/guidelines/laws on sexual and reproductive health by country, as reported in the 2023 WHO SRMNCAH policy survey 158

List of Annex 3 tables

Table A3.1. Existence of selected SRMNCAH policies/guidelines, by WHO region and World Bank income group, as reported in 2023 WHO SRMNCAH policy survey 166

Table A3.2 Stakeholders typically included in national SRMNCAH coordinating body, by WHO region, as reported in 2023 WHO SRMNCAH policy survey 167

Table A3.3. Stakeholders that participate in reviews of SRMNCAH plans, by WHO region, as reported in 2023 WHO SRMNCAH policy survey 169

Table A3.4. National quality of care standards and protocols for delivery of services in health facilities developed for any SRMNCAH services, by service area and by WHO region, as reported in 2023 WHO SRMNCAH policy survey 171

Table A3.5. Policy requirements and process for birth registration, by WHO region, as reported in 2023 WHO SRMNCAH policy survey 173

Table A3.6. Content of policy/guideline on antenatal care for normal pregnancies, by WHO region, as reported in 2023 WHO SRMNCAH policy survey 175

Table A3.7. Availability of selected national policies/guidelines related to childbirth, by WHO region, as reported in 2023 WHO SRMNCAH policy survey 177

Table A3.8. National policies/guidelines on essential newborn care that recommend selected interventions, by WHO region, as reported in WHO 2023 SRMNCAH policy survey 179

Table A3.9. Specified interventions recommended in national policy/guideline on postnatal care, by WHO region, as reported in 2023 WHO SRMNCAH policy survey 181

Table A3.10. Newborn conditions for which national policy/guideline recommends screening, by WHO region, as reported in 2023 WHO SRMNCAH policy survey 182

Table A3.11. Birth defect surveillance system exists in the country, by WHO region, as reported in the 2023 WHO SRMNCAH policy survey 183

Table A3.12. National policies/guidelines on care for preterm/low-birth-weight newborns, by WHO region, as reported in the 2023 WHO SRMNCAH policy survey 183

Table A3.13. Specified health services to be provided free of charge in public sector for women of reproductive age per national policy, by WHO region, as reported in the 2023 WHO SRMNCAH policy survey 185

Table A3.14. Specified health services to be provided free of charge at point of care in public sector for newborns per national policy, by WHO region, as reported in the 2023 WHO SRMNCAH policy survey 187

Table A3.15. National policy/guideline/law requiring maternal and perinatal deaths to be notified to a central authority, as reported in 2023 WHO SRMNCAH policy survey 188

Table A3.16. First-line treatment for pneumonia with chest in-drawing and fast breathing per national policy/guideline, by WHO region, as reported in 2018–2019 and 2023 WHO SRMNCAH policy surveys 189

Table A3.17. Conditions addressed in national policy/guideline on IMCI, by WHO region, as reported in 2023 WHO SRMNCAH policy survey 190

Table A3.18. Content of national policy/guideline on early childhood development, by WHO region, as reported in 2023 WHO SRMNCAH policy survey 192

Table A3.19. Involvement of sectors in national coordination mechanism for early childhood development, as reported in 2023 WHO SRMNCAH policy survey 193

Table A3.20. Exemptions from user fees for children in public sector, per national policy, for specified health services, by WHO region, as reported in 2023 WHO SRMNCAH policy survey 195

Table A3.21. Adolescents cited as a specific target group for defined interventions/activities in a national policy/guideline for the following health issues, by WHO region, as reported in 2023 WHO SRMNCAH policy survey 196

Table A3.22. Existence of age limit for different types of service for unmarried adolescents to provide consent without parental/legal guardian consent, by WHO region, as reported in 2023 WHO SRMNCAH policy survey and 2020 European child and adolescent health strategy survey 196

Table A3.23. Existence of age limit for different types of service for married adolescents to provide consent without spousal consent, by WHO region, as reported in 2023 WHO SRMNCAH policy survey 198

Table A3.24. Exemptions from user fees for adolescents in public sector, per national policy, for specified health services, by WHO region, as reported in 2023 WHO SRMNCAH policy survey 200

Table A3.25. National policy/guideline on family planning/contraception has provisions that restrict access to these services to selected population groups, by WHO region, as reported in 2023 WHO SRMNCAH policy survey 202

Table A3.26. Cadres of health workers allowed to independently perform selected services, other than a specialist doctor, by WHO region, as reported in 2023 WHO SRMNCAH policy survey 203

Table A3.27. Content of national strategies/policies/guidelines on STIs, by WHO region, as reported in 2023 WHO SRMNCAH policy survey 204

Table A3.28. Services recommended in national policy/guideline on cervical cancer prevention and control, by WHO region, as reported in 2023 WHO SRMNCAH policy survey 205

Table A3.29. Provisions for non-discrimination against selected criteria/groups included in laws/policies/guidelines on sexual health, by WHO region, as reported in 2023 WHO SRMNCAH policy survey 207

Table A3.30. Existence of policies/laws that prohibit various actions, behaviours, or relationships, by WHO region, as reported in 2023 WHO SRMNCAH policy survey 208

Table A3.31. Specified health services to be provided free of charge in public sector for women of reproductive age per national policy, as reported in the 2023 WHO SRMNCAH policy survey 209

Table A3.32. Availability of a national health policy that includes violence against women, by WHO region 210

Table A3.33. Availability of a national health policy specifying violence against women as a strategic priority, by WHO region 210

Table A3.34. Availability of a multisectoral violence against women prevention and response policy, by WHO region 210

Table A3.35. Availability of health sector violence policies (violence against women clinical guidelines), by WHO region 211

Table A3.36. Percentage of countries that include mandatory reporting of violence against women by health providers in their available policies (not recommended), by WHO region 211

Table A3.37. Percentage of countries that include violence against women survivors' right to privacy in practice, right to privacy as a principle, or both in their available policies, by WHO region 212

Table A3.38. Percentage of countries that include clinical inquiry to identify intimate partner violence in their available policies (recommended), by WHO region 212

Table A3.39. Percentage of countries that include universal screening to identify intimate partner violence in their available policies (not recommended), by WHO region 213

Table A3.40. Percentage of countries that include first-line support for violence against women in their available health policies WHO region 213

Table A3.41. Percentage of countries that include mental health assessment and/or referral to specialist services in their available policies, by WHO region 214

Table A3.42. Percentage of countries that make reference to mental health treatment in their available policies, by WHO region 214

Table A3.43. Percentage of countries that recognize that adolescent girls and/or young women are a population disproportionately affected by violence against women in their available national plan, policy, or protocol, by WHO region 215

Table A3.44. Percentage of countries that state how services should be specific to the needs of adolescent girls and young women in their available policies, by WHO region 215

Table A3.45. Percentage of countries that recognize the high risk of violence faced by adolescent girls and young women and include specific services for them in their policies, by WHO region 216

List of Annex 4 tables

Table A4.1. Countries, territories, areas that completed the 2023 WHO SRMNCAH policy survey by WHO region 217

Table A4.2. Countries, territories, areas that completed the 2023 WHO SRMNCAH policy survey by World Bank income 219

Acknowledgements

This report was prepared by the World Health Organization (WHO) Department of Maternal, Newborn, Child and Adolescent Health and Ageing with the WHO Department of Sexual and Reproductive Health and Research.

A team from the two WHO departments, Avni Amin, Theresa Diaz, Rita Kabra, Elizabeth Katwan, James Kiarie, Gerard Lopez, and Marcus Stahlhofer, provided inputs on all stages of the 2023 WHO Sexual, reproductive, maternal, neonatal, child, and adolescent health (SRMNCAH) policy survey. Overall oversight was provided by the Director of the Department of Maternal, Newborn, Child and Adolescent Health and Ageing, Anshu Banerjee, and the Director of the Department of Sexual and Reproductive Health and Research, Pascale Allotey.

Elizabeth Katwan (WHO Department of Maternal, Newborn, Child and Adolescent Health and Ageing) coordinated the 2023 WHO SRMNCAH policy survey and development of this report. Kimberly Peven (consultant, WHO Department of Maternal, Newborn, Child and Adolescent Health and Ageing) and Wahyu Retno (Annet) Mahanani (WHO Department of Data and Analytics) assisted in coordinating questionnaire development. Gerard Lopez (WHO Department of Maternal, Newborn, Child and Adolescent Health and Ageing) was responsible for data management. Lene Klosterskov Andersen and Line Neerup Handlos (Euro Health Group, Denmark), Kimberly Peven (consultant, WHO Department of Maternal, Newborn, Child and Adolescent Health and Ageing) and Kat Watson (independent consultant) contributed to various parts of the analysis.

Additional technical inputs to the development of the questionnaire and review of this report were provided by Valentina Baltag, Prerna Banati, Bernadette Daelmans, Ayesha De Costa, Karen Edmond, Regina Guthold, Julia Keyworth, Allisyn Moran, Blerta Maliqi, Yasir Bin Nisar, Francesca Palestra, Anayda Portela, Kathleen Strong, Wilson Were, and Sachiyo Yoshida of the WHO Department of Maternal, Newborn, Child and Adolescent Health and Ageing and Mercedes Bonet Semenas, Carl Massonneau, Gitau Mburu, Ann-Beth Moller, Manjulaa Narasimhan, Åsa Nihlén, and Kabir Singh of the WHO Department of Sexual and Reproductive Health and Research.

We wish to thank SRMNCAH focal points in the WHO regional offices for their technical inputs and support for coordination of the 2023 WHO SRMNCAH policy survey: Kurabachew Abera Alemu, Geoffrey Bisoborwa, Abdoulaye Konate, Anaclet Nganga Koubemba, and Pamela Amaka Onyiah for the WHO Regional Office for Africa; Britta Baer and Betzabe Butron Riveros for the WHO Regional Office for the Americas; Oleg Kuzmenko, Nino Lomia (independent consultant), and Martin Weber for the WHO Regional Office for Europe; Dalia Boles, Anna Rita Ronzoni, and Khalid Siddeeg for the WHO Office for the Eastern Mediterranean; Sabyasachi Beherea (independent consultant), Anjana Bhushan, Chandani Anoma Jayathilaka, Rajesh Khanna, Dhiraj Kumar, and Meera Upadhyay for the WHO Regional Office for South-East Asia; and Zhao Li and Delgermaa Vanya for the WHO Regional Office for the Western Pacific. Additional thanks to staff in numerous WHO country offices who provided support in survey coordination and communication with Member States.

Finally, we thank all Member States whose participation in this survey enabled the production of this report.

Funding for the 2023 WHO SRMNCAH policy survey was gratefully received from the Bill & Melinda Gates Foundation.

Abreviations

BCG	bacille Calmette–Guérin
CHW	Community health worker
CPAP	Continuous positive airway pressure
iCCM	Integrated community case management
IMCI	Integrated management of childhood illness
SRMNCAH	Sexual, reproductive, maternal, newborn, child, and adolescent health
STI	Sexually transmitted infection
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNICEF	United Nations Children's Fund
UNFPA	United Nations Population Fund

Executive summary

Evidence- and rights-based national policies, guidance, and legislation play a key role in improving SRMNCAH. Such instruments frame the enabling environment for SRMNCAH through equity, gender equality, social inclusion, and human rights; they also shape the provision, quality, and accessibility of SRMNCAH services. While the existence of national policies, guidance, and legislation does not equate with implementation, it nevertheless reflects a government's commitments and stated intentions.

Through a series of surveys since 2009, the WHO Department of Maternal, Newborn, Child and Adolescent Health and Ageing and the Department of Sexual and Reproductive Health and Research have been tracking the extent to which national policies, guidance, and legislation align with recommended best practices. This publication reports on the 2023 WHO SRMNCAH policy survey.

The questionnaire was distributed to 138 Member States by WHO regional offices and completed during 2023. A targeted approach was used for the Americas, Eastern Mediterranean, and Western Pacific regions such that selected Member States were requested to participate, focusing on those that did not complete the 2018–2019 WHO SRMNCAH policy survey. Since the WHO Regional Office for Europe had recently administered two surveys on policies and strategies for child and adolescent health and sexual, reproductive, maternal, and newborn health, only six Member States that had not completed these surveys were invited to participate in the 2023 WHO SRMNCAH policy survey. The overall response rate across the 138 Member States that received the survey was 115 (83%), 59% of all 194 Member States.

Because of the diverse data sources, the denominators in the finding presented differ depending on the variable being analysed. The three groups were: variables with data from the 2023 WHO SRMNCAH policy survey only; variables with data from both the 2018–2019 and 2023 WHO SRMNCAH policy surveys; and variables with data from the 2023 WHO SRMNCAH policy survey and one of the European Region policy surveys. Averages for the European Region were included the global averages but not presented separately because of the small number of countries.

The assessment of policies on violence against women formed a discrete body of work that included updating the WHO violence against women policy database, which was created in 2021 and included data from 200 countries. As part of the 2023 WHO SRMNCAH policy survey, countries fulfilled tasks related to reviewing data and submitting national policy documents, in addition to completing the questionnaire. Data were updated for a total of 121 countries.

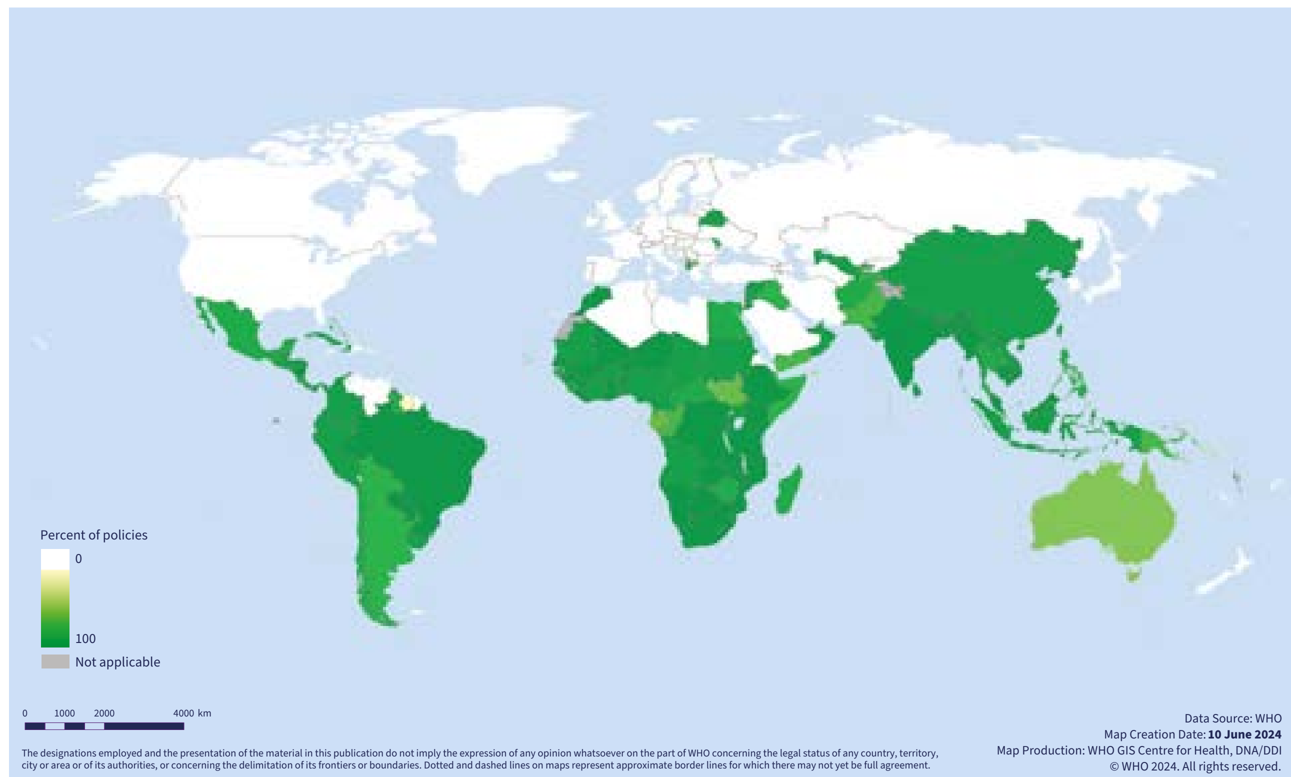
Overall findings

Caution is needed in interpreting the following statements, since the relatively low number of responding countries in certain regions means these results cannot be considered representative. Readers are encouraged to consult the full data in the report and Annexes.

To illustrate the overall current SRMNCAH policy landscape, each of the responding countries was assessed on their availability of 14 selected policies/guidance on: antenatal care; assisted vaginal delivery; postnatal care; management of preterm and low-birth-weight newborns; management of childhood pneumonia; management of childhood diarrhoea; early childhood development; integrated management of childhood illness (IMCI); adolescent health/well-being; standards for adolescent health services; standards for health-promoting schools; family planning/contraception; sexually transmitted infection (STI) diagnosis, treatment, and counselling; and cervical cancer prevention and control.

Of the 115 responding countries, 35 (30%) reported the existence of all 14 policies and 34 reported that 13 of the policies were available. Thirty-three countries reported 10–12 policies and nine countries reported 3–9 policies (Fig. 1).

Fig. 1. Proportional existence of 14 selected policies/guidelines/strategies, by country, as reported in 2023 WHO SRMNCAH policy survey



Percentages were calculated based on the number of SRMNCAH policies/guidelines that exist in a country out of 14 areas across SRMNCAH in 115 responding Member States. The 14 policy areas were: antenatal care (MN_8); assisted vaginal delivery (MN_19); postnatal care (MN_26); management of preterm and low-birth-weight newborns (MN_39); childhood pneumonia (CH_9); childhood diarrhoea (CH_16); early childhood development (CH_32); IMCI (CH_38); strategic plan for adolescent health/well-being (AD_7); standards for delivery of health services to adolescents (AD_9); standards for health-promoting schools (AD_12); family planning/contraception (RH_13); STIs (RH_18); cervical cancer prevention and control (RH_23).[1]

See also Annex 2 and Annex 3.

Cross-cutting areas in SRMNCAH

- While more than 90% of responding countries across all regions report having national policies/guidelines/laws establishing a national birth registration mechanism, only 63% have specific requirements or processes for birth registration among vulnerable groups.
- Barriers to birth registration can have direct and indirect negative consequences for child health, notably requirements of proof of a birth certificate to access health services or education. In more than 30% of responding countries in the Americas and Eastern Mediterranean regions, national policies/guidelines/laws require proof of a birth certificate as a precondition for children's access to health services.
- Regarding access to education, a policy/guideline/law exists that proof of a birth certificate is a required by more than 60% of responding countries, and more than 80% of responding countries of the Eastern Mediterranean Region.

Maternal and newborn health

- Despite high availability of national policies/guidelines on antenatal care postnatal care, there are clear opportunities to improve the overall availability of policy/guidance on the minimum number of antenatal and routine postnatal contacts. There is near-universal availability of national policies/guidelines recommending a first antenatal care visit by 12 weeks' gestation. However, only 57% of responding countries overall have national policies/guidelines recommending at least eight antenatal contacts for a normal pregnancy. With the exception of responding countries of the South-East Asia Region, markedly low proportions of responding countries report having a national policy/guideline that recommends at least four routine postnatal contacts – only 41% of responding countries overall. The Region of the Americas appears to have scope for improvement in these areas. Among national policies/guidelines of responding countries, only 35% recommend at least eight antenatal contacts for a normal pregnancy and just 19% recommend a minimum of four routine postnatal contacts.

[1] Abbreviations in parentheses refer to the relevant question in the survey questionnaire (Annex 1).

- The Western Pacific and Americas regions have the lowest proportions of responding countries with a national policy/guideline on kangaroo mother care at health facilities for clinically stable newborns weighing 2000 g or less at birth (50% and 77%, respectively). More than 90% of responding countries of the other regions reported having such a national policy/guideline.
- Almost all responding countries have national policies/guidelines for the management of newborn infants with severe illness but only 59% have a national policy/guideline on treatment of sick newborns at home or a health centre when referral is not feasible. A higher proportion (71%) report having a national policy/guideline for treating young infants with possible serious bacterial infection at a primary health facility when referral is not feasible.

Child health

- Only seven out of 10 of responding countries overall have a strategic plan for child health. The gaps in planning strategically for child health are most notable among responding countries of the Americas (65%) and Eastern Mediterranean (57%) regions.
- Many policy gaps in child health are evident in the responding countries, indicating a range of opportunities to strengthen national policies/guidance. Only one policy area – management of diarrhoea – is covered by over 90% of responding countries. Almost all responding countries have policies/guidelines on management of pneumonia for children aged 2–59 months, with the lowest regional proportion being more than 70%. By contrast, the proportions of responding countries by region having policies/guidelines on pneumonia management that cover care of older children (aged 5–9 years) are consistently low.
- The Americas and South-East Asia regions are notable for the very high proportions of responding countries with early childhood development policies/guidelines and coordinating bodies. Around eight out of 10 of responding countries overall report having a national policy/guideline on early childhood development and a national coordination mechanism.
- Nearly 90% all responding countries have a national policy/guideline on IMCI. Significantly lower proportions of responding countries have a policy/guideline on integrated community case management (iCCM) or on the management of childhood illness by trained community health worker (CHWs).

Adolescent health

- Although more than three quarters of responding countries have a strategic plan for adolescent health/well-being, there are a number of areas globally and by region where there is suboptimal coverage of policies that can support adolescents' health and well-being. Moreover, almost half of responding countries have no regular government budget allocation to support national adolescent health and well-being programming.
- Variations in the availability of adolescent policies among regions are notable. For example, the proportions of national adolescent-focused policies in the South-East Asia Region are almost universally high, while there are significant gaps across almost all policy areas among the responding countries of the Eastern Mediterranean Region. An exception is the almost universal availability of national standards on health-promoting schools in the Eastern Mediterranean, which contrasts with less than 60% of responding countries in the Region of the Americas having such a provision.
- Among targeted policies, a clear opportunity exists to increase coverage of policy to reduce the risk of road traffic injury and death among adolescents. Fewer than half of all responding countries have laws/policies on provisions for graduated licensing for novice drivers. In the African, Americas, and Western Pacific regions just over 40% of responding countries have such a provision.

Sexual and reproductive health

- Availability of national strategic plans for sexual and reproductive health varies markedly by region. The proportions of responding countries in the Americas and Western Pacific regions national strategic sexual and reproductive health plans are notably low, at 64% and 57%. However, the availability of national policies and national clinical practice guidelines on family planning/contraception is high across all regions, and almost all responding countries have national policies/guidelines on STI diagnosis, treatment, and counselling.
- Only the South-East Asia Region reported that all countries have a national cervical cancer prevention and control policy/guideline. The very low proportion of responding countries (43%) in the Eastern Mediterranean Region with policies/guidelines on cervical cancer control may indicate a policy gap.
- Existence of national policies and guidelines on infertility management is relatively low across all regions, indicating a need to increase the availability of laws/policies/guidelines globally. The regional proportions of responding countries with laws/policies/guidelines on infertility management vary from about one third of responding countries of the Region of the Americas to over 60% in the South-East Asia and Western Pacific regions.
- Forty-two per cent of responding countries overall have a national policy/guideline on self-care interventions for sexual and reproductive health.

Violence against women

- Overall, 81% of countries have a multisectoral violence against women policy, just over half (52%) have health sector violence against women protocols (violence against women clinical guidelines); and 38% have a health policy with violence against women included as strategic priority.

- WHO does not recommend mandatory reporting of intimate partner violence on the grounds that it is a barrier for survivors in disclosing their experiences to health workers and accessing timely health services. It is also a violation of women's right to self-determination, a key international human rights standard for provision of health care. Overall, 28% of countries have such a mandatory reporting requirement in their policies, and only 19% of countries have policies that align with WHO guidelines by explicitly not requiring mandatory reporting.
- Almost half (46%) of countries' policies recognize privacy as a principle of woman-centred care and include a requirement to ensure spatial and/or auditory privacy for survivors.
- WHO does not recommend routine inquiry or universal screening of whole populations to identify individuals who have experienced intimate partner violence. Instead, WHO recommends using the clinical inquiry approach, where health workers ask about exposure to violence if they observe conditions that may be caused or complicated by violence against women. While 33% of countries align with WHO guidelines and include clinical inquiry in their policies, 12% of countries include the non-recommended universal screening.
- With respect to health services for survivors, 79% of countries include first-line support in their policies; almost half (46%) of countries include both mental health assessment and referral to specialist care in their policies; and 58% of countries include treatment for diagnosed mental health conditions in their policies.
- Less than a quarter (24%) of countries recognize the high risk of violence faced by adolescent girls and young women and include specific services for them in their policies.

Overall conclusions

The 2023 WHO SRMNCAH policy survey reveals a mixed picture of the existence of national policies, guidance, and legislation on SRMNCAH that should aid national efforts to identify and refine priority actions. The high availability of national policies/guidance on antenatal and postnatal care contrasts strikingly with relatively low overall policy alignment with the WHO-recommended minimums of eight antenatal and four postnatal routine contacts, respectively. In child health, the high proportions of responding countries with national policies/guidance on the management of diarrhoea and management of pneumonia in children aged 2–59 months contrast with a consistently low proportion of responding countries with policies/guidance on management of pneumonia in older children aged 5–9 years. Although more than three quarters of responding countries have a strategic plan for adolescent health/well-being, almost half have no regular government programming budget allocation. There is near-universal availability of national clinical practice guidelines on family planning/contraception and policies/guidelines for STIs, however, the existence of policies/guidelines on national cervical cancer prevention and control varies markedly and among the regions. The violence against women policy landscape can best be characterized as a work in progress, with encouraging availability of national multisectoral violence against women policies but a concerning proportion of policies that include practices that WHO advises against and low-to-moderate availability overall of policies aligned with WHO-recommended standards.

Chapter 1

Introduction

1. Introduction

Through the SDGs and the roadmap provided by the UN Secretary-General's *Global strategy for women's, children's and adolescents' health (2016–2030)*, countries have committed to reaching SRMNCAH targets by 2030 *(1)*. The monitoring framework of the strategy aims to help countries and their partners promote accountability to end preventable deaths, ensure health and well-being, and expand enabling environments, so that all women, children, and adolescents can reach their potential, leaving no one is behind (Box 1).

Box 1. Selected SDG targets related to SRMNCAH

Survive: end preventable deaths

- Reduce global maternal mortality ratio to less than 70 per 100 000 live births (SDG 3.1).
- Reduce neonatal mortality to at least as low as 12 per 1000 live births in every country (SDG 3.2).
- Reduce under-five mortality to at least as low as 25 per 1000 live births in every country (SDG 3.2).
- End epidemics of HIV, tuberculosis, malaria, neglected tropical diseases and other communicable diseases (SDG 3.3).
- Reduce by one third premature mortality from noncommunicable diseases and promote mental health and well-being (SDG 3.4).

Thrive: ensure health and well-being

- End all forms of malnutrition and address the nutritional needs of children, adolescent girls, and pregnant and lactating women (SDG 2.2).
- Ensure universal access to sexual and reproductive health services (including for family planning) and rights (SDGs 3.7 and 5.6).
- Ensure that all girls and boys have access to good-quality early childhood development (SDG 4.2).
- Substantially reduce pollution-related deaths and illnesses (SDG 3.9).
- Achieve universal health coverage, including financial risk protection, and access to good-quality essential services, medicines, and vaccines (SDG 3.8).

Transform: expand enabling environments

- Eradicate extreme poverty (SDG 1.1).
- Ensure that all girls and boys complete primary and secondary education (SDG 4.1).
- Eliminate all harmful practices, discrimination, and violence against women and girls (SDG 5.2 and 5.3).
- Achieve universal access to safe and affordable drinking-water and to sanitation and hygiene (SDG 6.1. and 6.2).
- Enhance scientific research, upgrade technological capabilities and encourage innovation (SDG 9.5).
- Provide legal identity for all, including birth registration (SDGs 16.9 and 17.19).
- Enhance the global partnership for sustainable development (SDG 17.16).

Source: Global strategy for women's, children's and adolescents' health (2016–2030) (1).

Notable successes in SRMNCAH in the past three decades include the worldwide decrease in unintended pregnancies *(2)*, and the increase in the number of women using modern contraceptive methods from 467 million in 1990 to 874 million in 2021 *(3)*. Between 2000 and 2022, mortality in children under 5 years more than halved, from 76 to 37 per 1000 live births, such that the annual number of children dying before the age of 5 years is the lowest ever recorded *(4)*.

Despite these improvements, the pace of change in many areas of SRMNCAH is too slow for the SDG targets to be met by 2030 (Box 1). In 2020, the global estimated maternal mortality ratio of 223 maternal deaths per 100 000 live births was more than triple the SDG target of fewer than 70 maternal deaths per 100 000 live births *(5)*. In sub-Saharan Africa in 2022, there were 27 neonatal deaths per 1000 live births more than double the SDG target of reducing neonatal mortality to at least as low as 12 per 1000 live births *(4)*. Even the success in reducing under 5 mortality still falls short of the SDG target of at least as low as 25 per 1000 live births in every country (Box 1).

Resolution WHA77.5 of the Seventy-seventh World Health Assembly in 2024 underscored the need for accelerated action and investment in equitable coverage of effective interventions and in quality of care in order to meet commitments to achieve the targets of the SDGs and Global strategy for women's children's and adolescents' health *(2016–2030) (1)*.[2] One of the levers to accelerating progress is the inscription of evidence-based and rights-based practices in the national policies, guidance, and legislation that frame the provision and quality of SRMNCAH care and shape the promotion of universal health coverage, human rights, and gender equality. Since 2009, several surveys have been tracking country progress in adopting WHO recommendations related to SRMNCAH in national policies, guidance, and legislation.

The WHO Department of Maternal, Newborn, Child and Adolescent Health and Ageing has regularly conducted a global policy survey among WHO Member States to track country progress in adopting WHO recommendations in national health policies related to maternal, newborn, child, and adolescent health. Four rounds of this survey have been held: 2009–2010, 2011–2012, 2013–2014, and 2016.

The WHO Department of Sexual and Reproductive Health and Research has been tracking policies on sexual and reproductive health biennially. This is part of monitoring progress on the global *Reproductive health strategy to accelerate progress towards the attainment of international development goals and targets (6)*, which was approved by the Fifty-seventh World Health Assembly in 2004 through resolution WHA57.12.

These two policy tracking activities were subsequently combined to create a single survey covering policies in SRMNCAH. The resulting *Sexual, reproductive, maternal, newborn, child and adolescent health: policy survey, 2018–2019 was aligned with the SDGs and the Global strategy for women's, children's and adolescents' health (2016–2030) (7,1)*. The current publication reports the result of the most recent SRMNCAH policy survey, which was administered in 2023.

[2] Every Newborn Action Plan, Ending Preventable Maternal Mortality, Child Survival Action Initiative. Six years to the SDG deadline: six actions to reduce unacceptably high maternal, newborn and child deaths and stillbirths. Geneva: World Health Organization; 2024 (https://cdn.who.int/media/docs/default-source/mca-documents/wha/2-pager-enap-epmm-csa-for-wha-2024---27.05.2024-electronic-version.pdf?sfvrsn=5693c250_3, accessed 30 July 2024).

Chapter 2

Methods

2. Methods

2.1 Development of survey tool

The questionnaire for the policy survey completed in 2023 (the 2023 WHO SRMNCAH policy survey) was developed by the WHO Department of Maternal, Newborn, Child and Adolescent Health and Ageing; the Department of Sexual and Reproductive Health and Research; and regional office SRMNCAH focal points. It was based on the tool developed for the previous policy survey (the 2018–2019 WHO SRMNCAH policy survey) *(8)*.

In 2022, representatives of the two WHO departments reviewed the questionnaire and proposed revisions that included: removing questions to reduce the length; revising the wording of questions to improve clarity; and adding questions on areas that had not been covered by the previous survey round (for example, congenital anomalies surveillance and self-care for sexual and reproductive health). The revised questionnaire comprised six modules: cross-cutting issues, maternal and newborn health, child health, adolescent health, sexual and reproductive health and rights, and violence against women. The proposed revisions were reviewed by WHO regional office SRMNCAH focal points, together with colleagues from the two lead WHO and colleagues from other WHO departments. A final review was done to standardize the question style and response options across the survey modules (Annex 1). The questionnaire was translated from English into Arabic, Chinese, French, Portuguese, and Spanish.

The survey was programmed into an online format using DataForm, a WHO self-service online survey platform based on the open-source product LimeSurvey, which was used for the 2018–2019 survey round. This software was selected again for the 2023 survey because it can be configured in modular sections, allowing multiple respondents to complete individual modules, and because it has the facility to allow source documents to be uploaded. Before going live, the online survey was tested extensively to identify and rectify functionality issues. Once these issues were addressed, the five translated versions were added.

2.2 Survey administration

In December 2022 and January 2023, the WHO Department of Maternal, Newborn, Child and Adolescent Health and Ageing hosted webinars for colleagues in the WHO regional and country offices to introduce the 2023 WHO SRMNCAH policy survey tool and review the online platform. Additionally, a user guide for the online platform was developed.

Following the webinars, regional survey focal points coordinated with WHO country offices to disseminate unique logins for each country. The WHO country office, or an assigned country focal point from a national institute, worked with the ministry of health and/or other national institutes and UN agencies to complete the survey. In the Americas, Eastern Mediterranean, and Western Pacific regions a targeted approach was used such that selected Member States were requested to complete the survey, focusing on those that did not complete the 2018–2019 WHO SRMNCAH policy survey. Most national respondents completed the survey between January and June 2023, although additional submissions were accepted through September 2023 and revisions to responses were received from several countries in the African and South-East Asia regions through March 2024.

Following the 2018–2019 WHO SRMNCAH policy survey, the WHO Regional Office for Europe administered two surveys on policies and strategies: the 2020 European child and adolescent health strategy survey and the 2021 European action plan for sexual and reproductive health survey.[3,4] For this reason, Member States in the European Region were not universally approached for participation in the 2023 WHO SRMNCAH policy survey. However, six countries that did not complete the European Region surveys (Albania, Belarus, North Macedonia, Republic of Moldova, Tajikistan, and Uzbekistan) were invited to complete the 2023 WHO SRMNCAH policy survey after it had been deployed. Although the questionnaire was translated into Russian, it was not possible to update the online survey platform to include this translation while the survey enumeration was ongoing.

[3] For background on the 2020 European child and adolescent health strategy survey, see Park M, Budisavljević S, Alemán-Díaz AY, Carai S, Schwarz K, Kuttumuratova A, et al. Child and adolescent health in Europe: towards meeting the 2030 agenda. J Glob Health. 2023;13:04011. doi: 10.7189/jogh.13.04011.

[4] For background on the 2021 European action plan for sexual and reproductive health survey, see WHO Regional Committee for Europe EUR/RC72/17(G). Action plan for sexual and reproductive health: towards achieving the 2030 agenda for sustainable development in Europe – leaving no one behind. Copenhagen: WHO Regional Office for Europe; 2022 (https://iris.who.int/bitstream/handle/10665/361143/72wd17e-G-RepHealth-220550.pdf?sequence=1&isAllowed=y, accessed 4 August 2024).

In addition to completing the module on violence against women, countries were requested to fulfil additional tasks related to reviewing data and submitting national policy documents. Because the work on policies on violence against women formed a discrete body of work, the methods, results, and conclusion of this part of the survey are described in Section 9. Violence against women.

2.3 Data processing

In October 2023, once all country submissions were received through the DataForm online survey tool, the data were downloaded in Microsoft Excel. A code to clean the database was written in STATA software (StataCorp, Texas, United States of America) to create and standardize value labels for response codes and to check and correct any validation errors that may have been missed in the survey platform programming. Any requested revisions to original responses submitted by countries after the initial database was downloaded were incorporated into the survey database in March 2024.

2.4 Data analysis

Analyses were carried out using Microsoft Power BI software, and data were subsequently transferred to Microsoft Excel to finalize data visualization and generate additional analyses. Maps were created by WHO using ArcGIS geographical information software (Esri, California, United States of America).

While 121 countries, territories, or areas completed the 2023 survey, the analyses in this report reflect only responses from the 115 WHO Member States that submitted. Member States not in an official World Bank income group were excluded from any analyses based on that classification.

Because of the diverse data sources, the denominators differ depending on the variable being analysed. The three groups were: variables with data from the 2023 WHO SRMNCAH policy survey only; variables with data from both the 2018–2019 and 2023 WHO SRMNCAH policy surveys; and variables with data from the 2023 WHO SRMNCAH policy survey and one of the European Region policy surveys. The denominator used in the analysis of the responses to each question depended on the data available.

For analyses of data from only the 2023 WHO SRMNCAH policy survey, the denominator was the total number of responding Member States that responded to a given question, excluding all responses of “not applicable”, that is, questions not answered due to skip patterns in the questionnaire.

For analyses that compared survey responses between the 2018–2019 and 2023 WHO SRMNCAH policy surveys, the denominator was the number of responding Member States that replied to a specific question in both survey rounds.

As the 2023 WHO SRMNCAH policy survey was completed by only six countries from the WHO European Region, regional averages would not have been representative and so were not presented separately in visualizations (e.g. as a separate bar in a bar chart). The responses from these six countries were nevertheless included the global averages. Also included were the responses of these six countries to questions that matched between the 2023 WHO SRMNCAH policy survey and either of the two European Region surveys.

Throughout this report, each figure has a footnote that provides the size of the denominator for each analysis, together with the specific data sources used to compute the data values.

Chapter 3

Response rate

3. Response rate

The questionnaire was distributed to 138 Member States and 11 additional countries, territories, and areas across all regions. While a total of 121 countries, territories, or areas completed the 2023 WHO SRMNCAH policy survey, the analyses in this report reflect responses from only the 115 WHO Member States that submitted. Additional submissions from six WHO Associate Members and territories/areas will be used by WHO regional offices. Completion across WHO Member States is displayed in Fig. 2.

The overall response rate across the 138 Member States that received the survey was 83% and across all 194 Member States was 59%. There was variation in response rates across WHO regions due to varied enumeration strategies (Table 1).

Fig. 2. WHO Member States that completed the 2023 WHO SRMNCAH policy survey

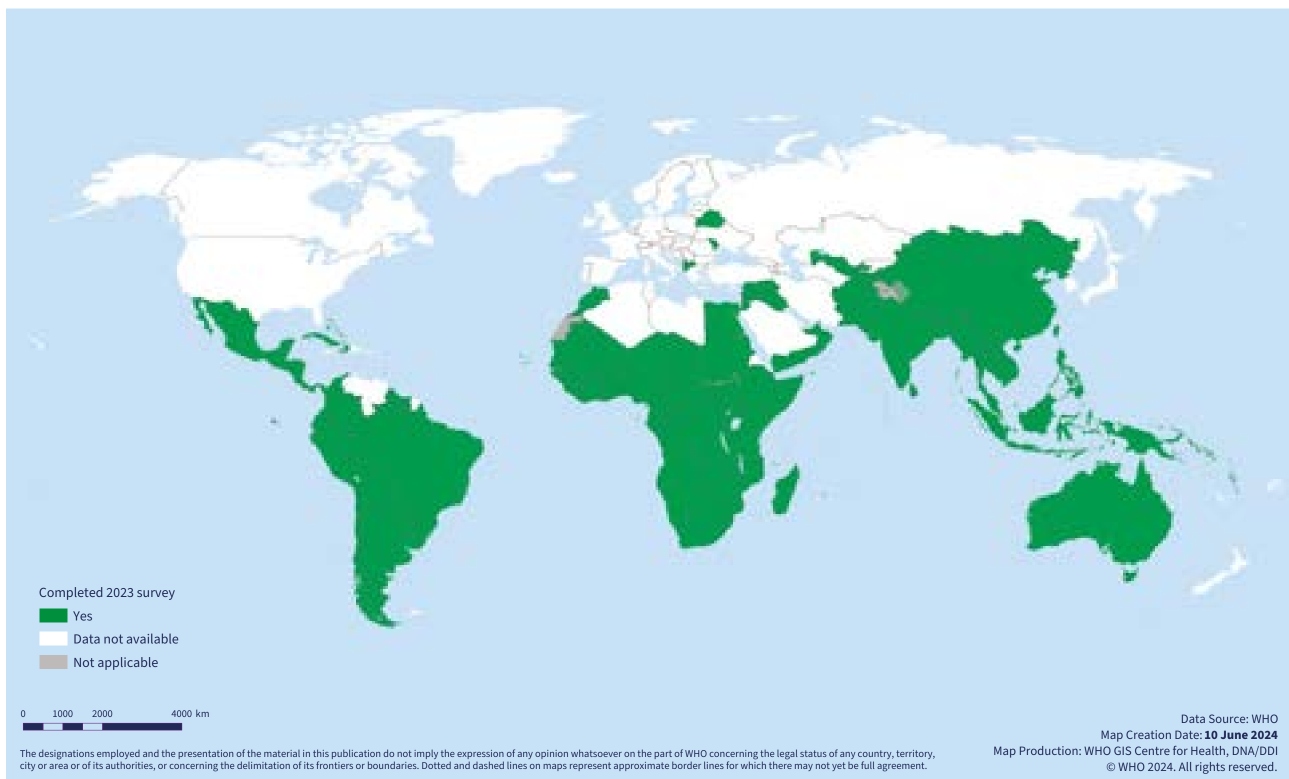


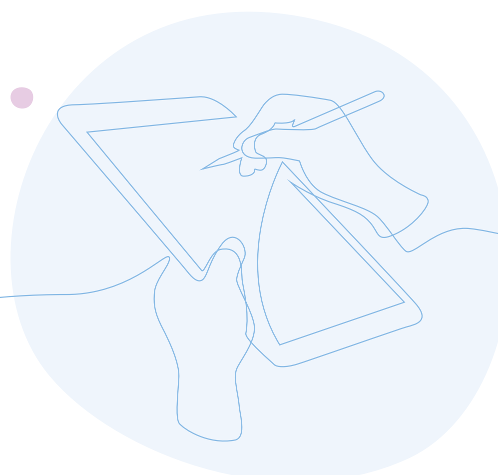
Table 1. Response rate to 2023 WHO SRMNCAH policy survey

WHO region	Total number of WHO Member States	Number of Member States that received the survey	Number of Member States that completed the survey	Completion among Member States that received the survey (%)	Completion among total Member States (%)
AFR	47	47	44	94%	94%
AMR[a]	35	33	26	79%	74%
EMR[a]	21	17	14	82%	67%
EUR[b]	53	6	6	100%	11%
SEAR	11	11	11	100%	100%
WPR[a]	27	24	14	58%	52%
Total	194	138	115	83%	59%

AFR: African Region; AMR: Region of the Americas; EMR: Eastern Mediterranean Region; EUR: European Region; SEAR: South-East Asia Region; WPR: Western Pacific Regions. Note these abbreviations are used in the figures and tables of this publication and the annexes.

[a] In the Americas, Eastern Mediterranean, and Western Pacific regions a targeted approach was used such that selected Member States were requested to complete the survey, focusing on those that did not complete the 2018–2019 WHO SRMNCAH policy survey.

[b] In the European Region, since two regional surveys related to SRMNCAH policies had been completed in 2020 and 2021, only six Member States were asked to complete the 2023 WHO SRMNCAH survey.



Chapter 4

Cross-cutting areas in SRMNCAH

4. Cross-cutting areas in SRMNCAH

4.1 Key points on availability of national policies/guidelines/laws in cross-cutting areas

Table 2 summarizes the availability of selected cross-cutting national policies/guidelines/laws relevant to SRMNCAH. By region, the numbers of responding countries (that is, the denominators) were: African Region: 44 countries (not all responded to each question); Region of the Americas: 26 countries (not all responded to each question); Eastern Mediterranean Region: 14 countries (not all responded to each question); South-East Asia Region: 11 countries; and Western Pacific Region: 14 countries. Caution is therefore needed in interpreting these data since the relatively low number of responding countries in certain regions means these results cannot be considered representative.

Table 2. Summary of availability of selected cross-cutting SRMNCAH policies/guidelines/laws, by WHO region and World Bank income group, as reported in 2023 WHO SRMNCAH Policy Survey

	Global (%)	AFR (%)	AMR (%)	EMR (%)	SEAR (%)	WPR (%)	LIC (%)	LMC (%)	UMC (%)	HIC (%)
Current integrated national strategy/plan for SRMNCAH (n=115)	92.2	86.4	96.2	100	100	100	83.3	95.7	93.8	91.7
National coordinating body responsible for developing, implementing, or oversight of any SRMNCAH strategy, policy, or plan (n=115)	82.6	86.4	80.8	71.4	90.9	85.7	91.7	80.4	87.5	66.7
National policy/guideline to improve quality of care that includes or is specific to any SRMNCAH service (n=115)	92.2	95.5	88.5	100	90.9	85.7	95.8	93.5	90.6	91.7
National quality of care standards and protocols for delivery of services in health facilities developed for any SRMNCAH service (n=115)	90.4	93.2	88.5	85.7	100	85.7	87.5	93.5	90.6	83.3
Country has a child rights/ welfare/protection act/law (n=115)	95.7	93.2	96.2	100	100	100	95.8	95.7	93.8	100
Chid rights/protection/welfare act/law contains provisions protecting the right to health for all children and adolescents (n=110)	96.4	97.6	92	100	100	92.9	95.7	100	96.7	83.3
National guideline/policy/law that requires every birth to be registered (n=115)	97.4	95.5	100	92.9	100	100	91.7	100	96.9	100

Table 2 (continued). Summary of availability of selected cross-cutting SRMNCAH policies/guidelines/laws, by WHO region and World Bank income group, as reported in 2023 WHO SRMNCAH Policy Survey

	Global (%)	AFR (%)	AMR (%)	EMR (%)	SEAR (%)	WPR (%)	LIC (%)	LMC (%)	UMC (%)	HIC (%)
Guideline/policy/law require births to be registered by an official government authority (n=112)	93.8	95.2	80.8	100	100	100	95.5	97.8	93.5	75
Guideline/policy/law indicates a timeframe for birth registration (n=112)	91.1	85.7	96.2	92.3	90.9	92.9	86.4	89.1	93.5	100
Guideline/ policy/law indicates specific requirements or processes for birth registration among vulnerable groups of children, such as orphans, undocumented migrants, refugees, and internally displaced persons (n=112)	63.4	61.9	53.8	76.9	81.8	64.3	59.1	65.2	61.3	66.7
Fee for birth registration (n=112)	30.4	26.2	15.4	69.2	27.3	35.7	36.4	34.8	16.1	33.3
Guideline/policy/law requires proof of a birth certificate as a precondition for children's access to health services (n=112)	25	11.9	34.6	38.5	18.2	28.6	22.7	17.4	29	50
Guideline/policy/law requires proof of a birth certificate as a precondition for children's access to education (n=112)	62.5	47.6	69.2	84.6	72.7	57.1	45.5	65.2	64.5	75

HIC: high-income country, LIC: low-income country, LMC: lower-middle-income country, UMC: upper-middle-income country; SRMNCAH: sexual, reproductive, maternal, neonatal, child, adolescent, and reproductive health.

See also Annex 2.

Indicates lowest proportion of Member States reporting existence of policy/guideline/law or highest proportion reporting absence of restrictive aspects of a policy/guideline/law. Indicates low proportion of Member States reporting existence of policy/guideline/law or high proportion reporting absence of restrictive aspects of a policy/guideline/law Indicates intermediate proportion of Member States reporting either existence of policy/guideline/law or absence of restrictive aspects of a policy/guideline/law Indicates high proportion of Member States reporting existence of policy/guideline/law or low proportion reporting absence of prohibitive aspects of a policy/guideline/law Indicates highest proportion of Member States reporting existence of policy/guideline or lowest proportion reporting the absence of restrictive aspects of a policy/guideline/law.

- The availability of national integrated strategic SRMNCAH planning is high overall. Although over 80% of responding countries report having a coordinating body to develop, implement, or oversee SRMNCAH policy activities, this is an area where there appears to be scope for progress, especially in the Eastern Mediterranean Region.
- Overall proportions of national quality of care standards and protocols for the delivery of SRMNCAH services are high, as are proportions of national guidance/policy on improving the quality of this care.
- While more than 90% of responding countries across all regions report having national policies/guidelines/laws establishing a national birth registration mechanism, only 63% have specific requirements or processes for birth registration among vulnerable groups.
- There are other opportunities to introduce or strengthen policies to reduce barriers to birth registration. Charging fees deters birth registration and certification in the poorest populations. Almost 70% of responding countries in the Eastern Mediterranean Region reported that fees are charged for birth certification, with the overall proportion of responding countries being 30%.
- Barriers to birth registration can have direct and indirect negative consequences for child health, notably requirements of proof of a birth certificate to access health services or education. In more than 30% of responding countries in the Americas and Eastern Mediterranean regions, national policies/guidelines/laws require proof of a birth certificate as a precondition for children's access to health services. Regarding access to education, a policy/guideline/law exists that proof of a birth certificate is a required by more than 60% of responding countries, and more than 80% of responding countries of the Eastern Mediterranean Region.

4.2 Availability of national strategies/plans and coordinating bodies for SRMNCAH

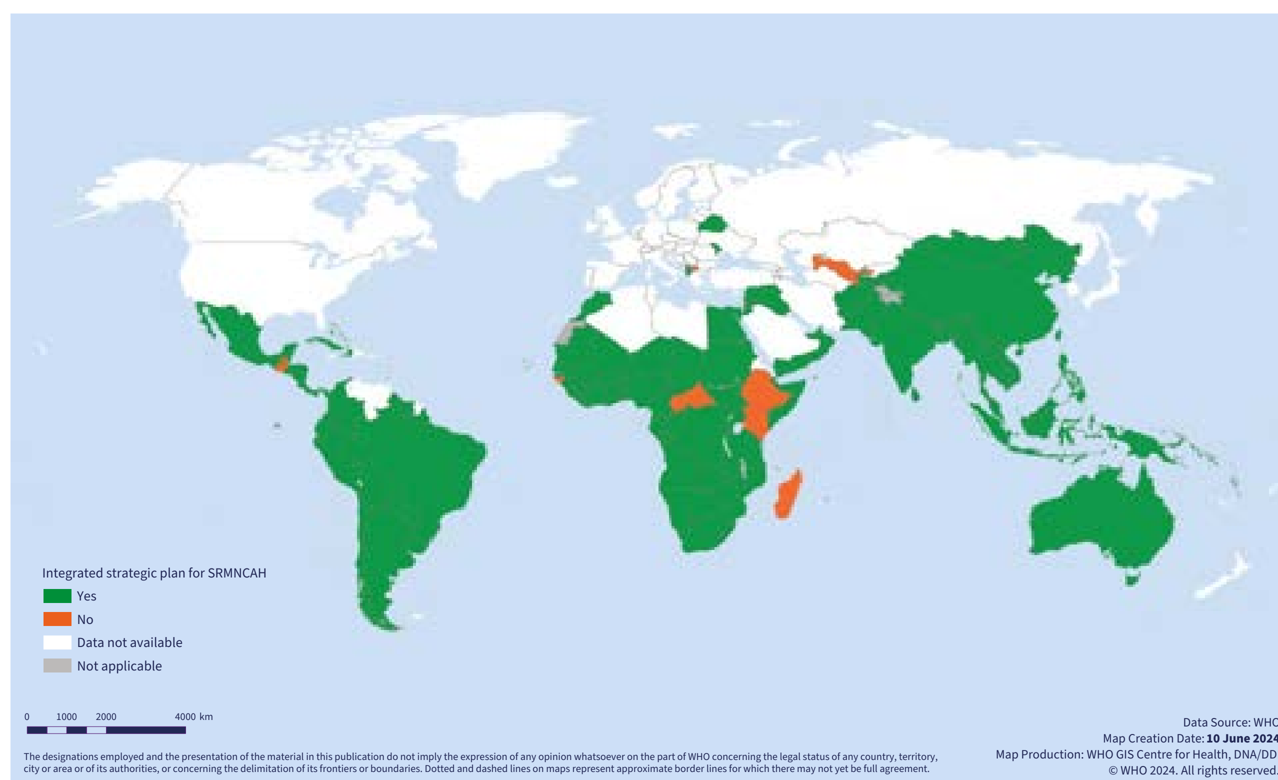
Effective country leadership through national policies, strategies, plans and budgets is a common thread among countries currently making the swiftest progress in improving the health of women, children and adolescents (*9*). Almost all responding countries (92%) reported having an integrated national SRMNCAH strategy/plan that includes at least two of the following health areas: sexual, reproductive, maternal, newborn, child, or adolescent health (Fig. 3).

Multiple stakeholders have a role in effective policy-making. These stakeholders should strive to strengthen coordination and reduce fragmentation; align investments in monitoring and evaluation, and facilitate sufficient, predictable, and effective financing (*9*). Among responding countries that reported in both the 2018–2019 and 2023 WHO SRMNCAH policy survey rounds, there was an increase (80% to 86%) in the proportion with national coordinating bodies responsible for developing, implementing, or overseeing SRMNCAH strategies, policies, or plans. While the proportions increased in all regions, the between-survey increase in the Western Pacific Region is notable, from 55% of responding countries in 2018–2019 to 82% in 2023 (Fig. 4).

All responding countries indicated that the ministry of health is included in the coordinating body, with variation in the inclusion of other stakeholders. While most responding countries reported that H6 partnership organizations (89%),[5] professional associations (81%), and academia (81%) are included in the coordinating body, just over half noted representation from the private sector (56%) (Fig. 5) Frequency of SRMNCAH coordinating bodies meetings vary significantly among responding countries, with the most common being quarterly meetings (48%) and least common being annual (8%) or bi-monthly (5%) meetings (Fig. 6)

The ministry of health reviews the SRMNCAH plan(s) in all responding countries, accompanied most commonly by H6 partnership organizations (93%) and professional organizations (89%) and least commonly by donors and private sector (67% and 63% respectively) (Fig. 7).

Fig. 3. Integrated strategy/plan for SRMNCAH, as reported in 2023 WHO SRMNCAH policy survey

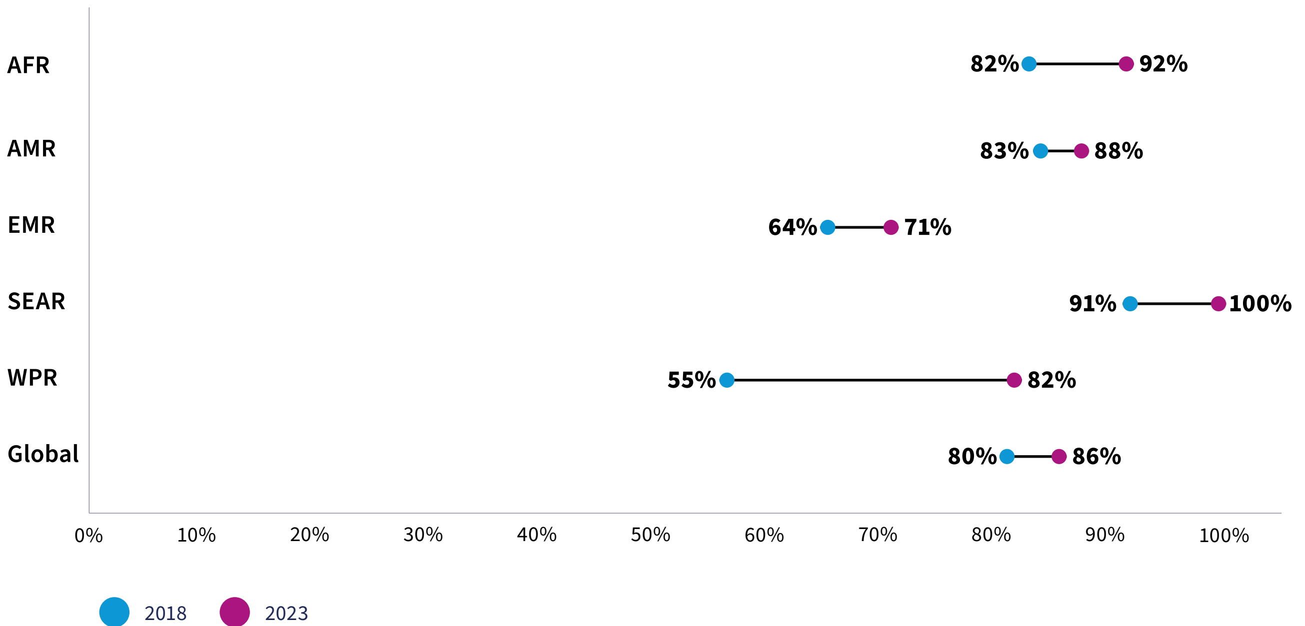


An integrated strategy/plan includes at least two areas of sexual and reproductive/ maternal/ newborn/child/adolescent health. 115 Member States reported on this (2023 survey: CC_06).

See also Table 2.

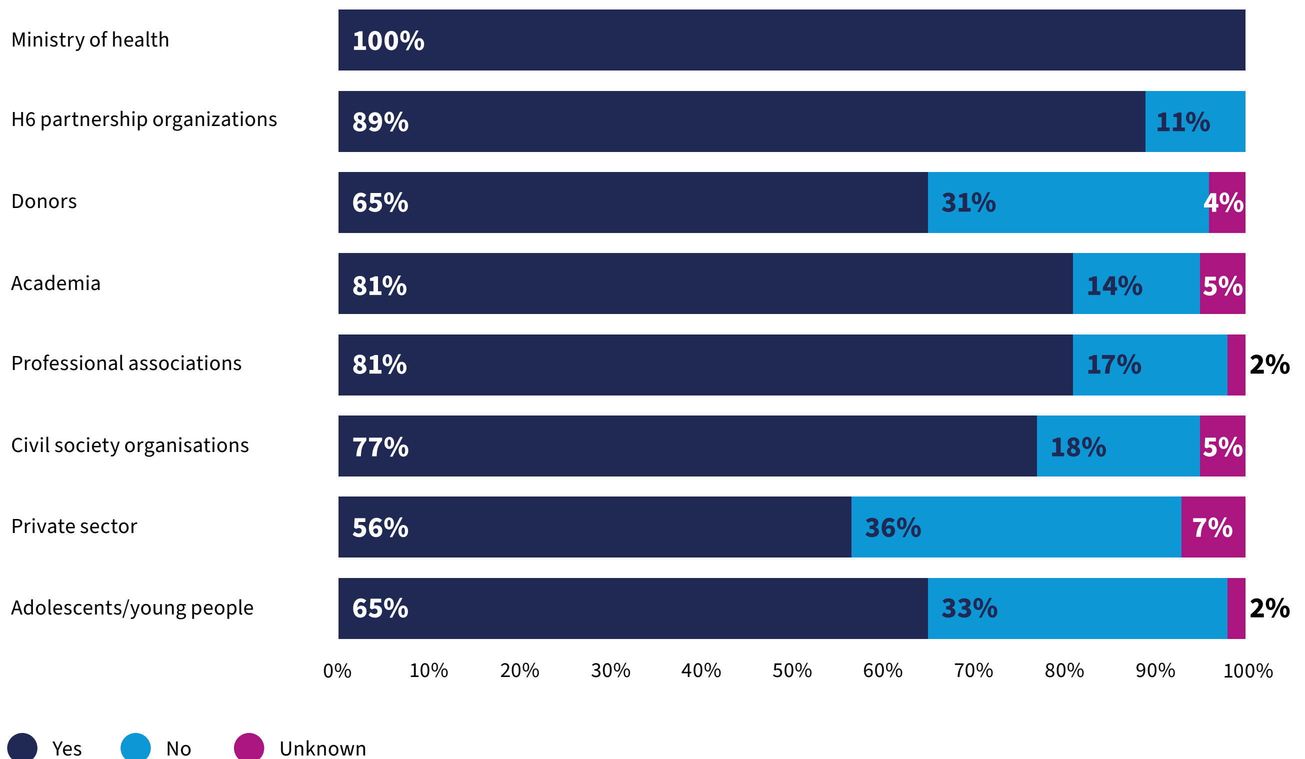
[5] H6 partnership organizations are: Joint United Nations Programme on HIV/AIDS (UNAIDS), United Nations Population Fund (UNFPA), United Nations Children's Fund (UNICEF), WHO, UN Women, and World Bank.

Fig. 4. Existence of national coordinating body responsible for developing, implementing, or oversight of any SRMNCAH strategy, policy, or plans, by WHO region, as reported in 2018–2019 and 2023 WHO SRMNCAH policy surveys



Calculated among Member States that completed both survey rounds (n=104 Member States) and reported on this (2018–2019 survey: CC_12; 2023 survey: CC_10).)

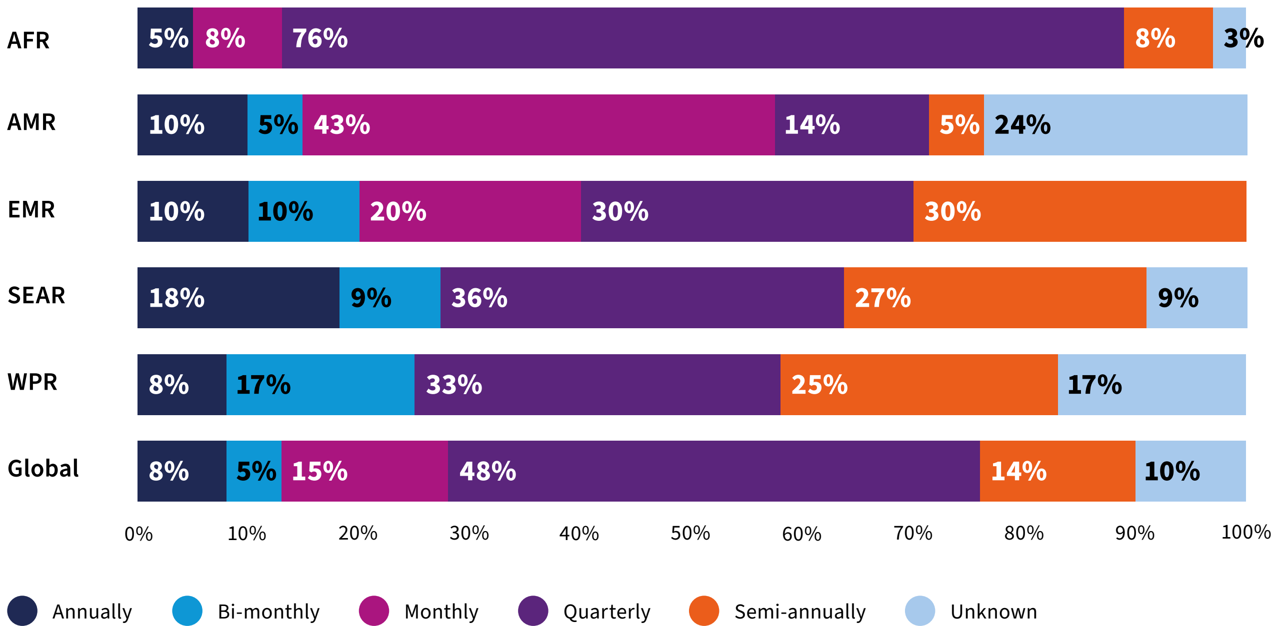
Fig. 5. Stakeholders typically included in national SRMNCAH coordinating body, as reported in 2023 WHO SRMNCAH policy survey



96 Member States reported on this (2023 survey: CC_11_a, CC_11_c, CC_11_e, CC_11_f, CC_11_g, CC_11_h, CC_11_i, CC_11_j).
H6 partnership organizations are UNAIDS, UNFPA, UNICEF, WHO, UN Women, World Bank.

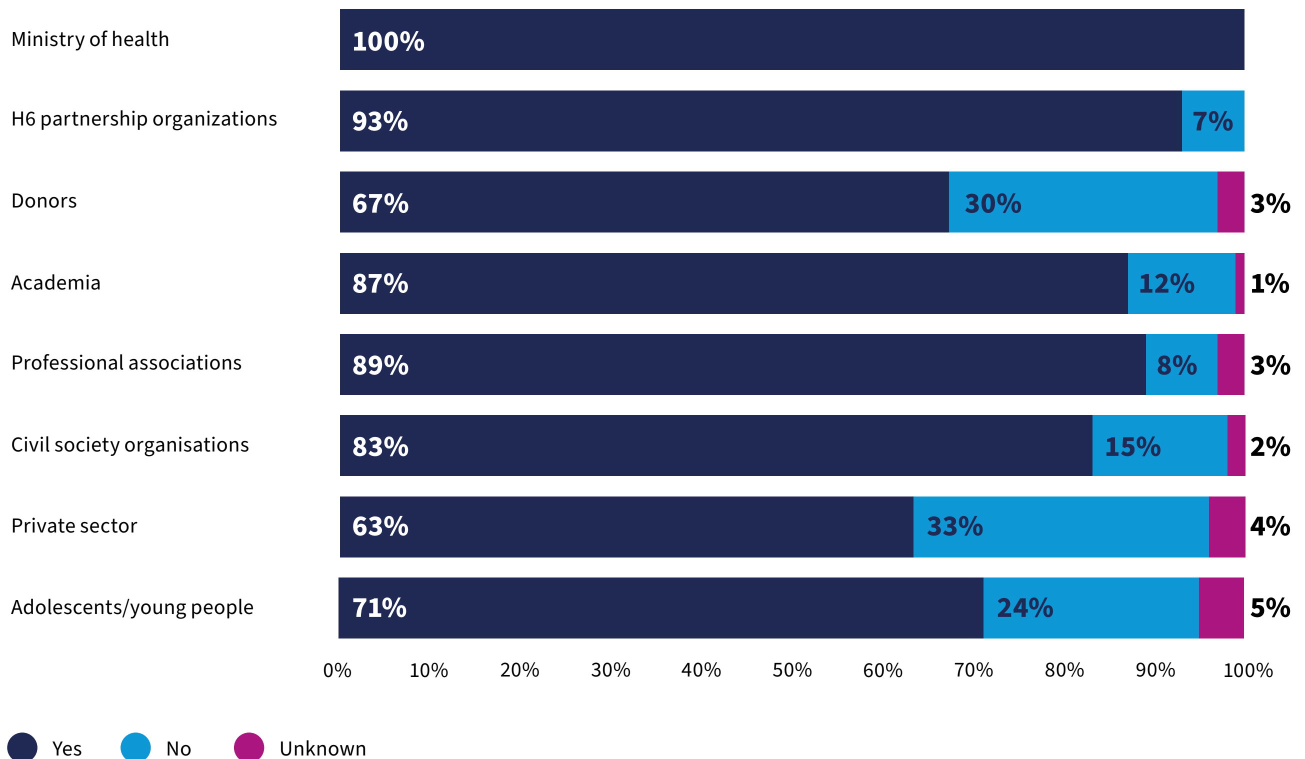
See also Annex 3.

Fig. 6. Meeting frequency of national SRMNCAH coordinating body, by WHO region, as reported in 2023 WHO SRMNCAH policy survey



96 Member States reported on this (2023 survey: CC_12).

Fig. 7. Stakeholders that participate in reviews of SRMNCAH plans, as reported in 2023 WHO SRMNCAH policy survey



101 Member States reported on this (2023 survey: CC_15_a to CC_15_j). H6 partnership organizations are UNAIDS, UNFPA, UNICEF, WHO, UN Women, World Bank. See also Annex 3.

4.3 Availability of national policies/guidelines on quality of care for SRMNCAH services

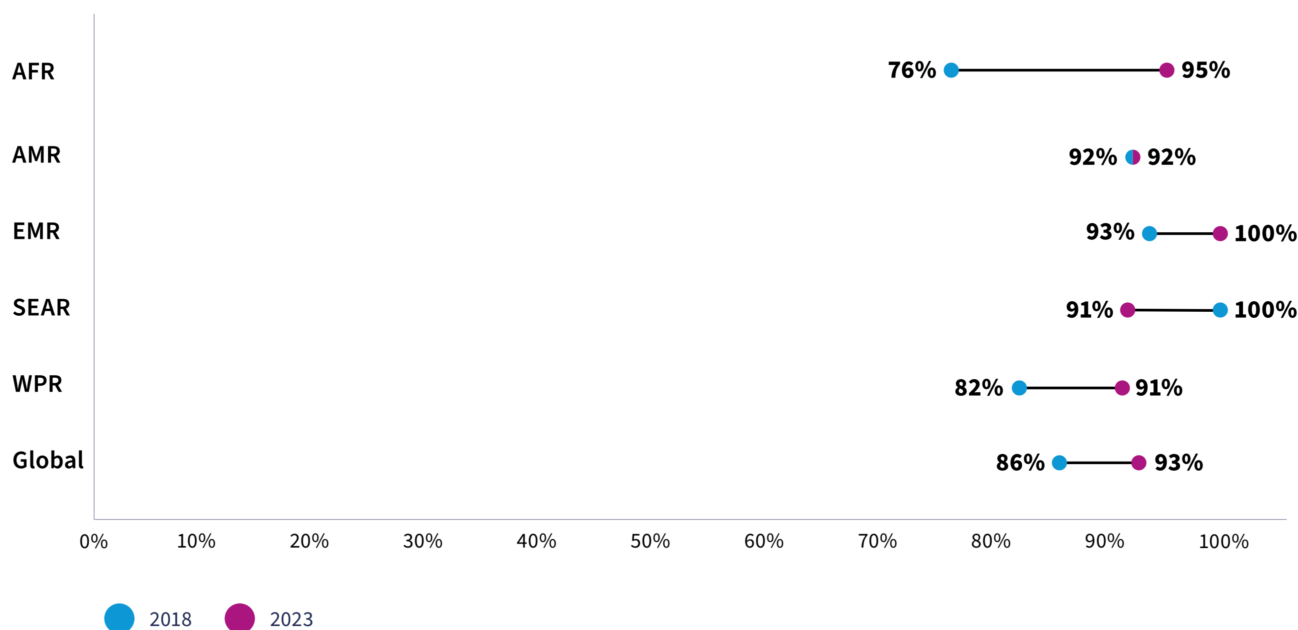
There is a growing acknowledgement that improving health care delivery requires a deliberate focus on quality of care, defined as effective, safe, people-centred care that is timely, equitable, integrated, and efficient. WHO advises that countries should pay specific attention to service quality when updating national policies, strategies, plans. Moreover, reforms driven by the goal of universal health coverage should build quality into the foundation of their health services, especially primary health care *(10)*.

Among countries that responded to both WHO SRMNCAH policy survey rounds, 93% reported having national policies/guidelines to improve quality of care that include or are specific to SRMNCAH services in 2023, compared with 86% of the same responding countries in 2018–2019 (Fig. 8). The availability of these national policies/guidelines has increased in the African Region (from 76% in 2018–2019 to 95% in 2023), in the Eastern Mediterranean Region (from 93% in 2018–2019 to 100% in 2023) and in the Western Pacific Region (from 82% in 2018–2019 to 91% in 2023). The proportion of responding countries remains unchanged in the Region of the Americas (92% in both years) and has decreased in the South-East Asia Region (from 100% in 2018–2019 to 91% in 2023) (Fig. 8).

Overall, 90% of responding countries reported having national quality of care standards and protocols for the delivery of services in health facilities for any SRMNCAH services (Fig. 9). All responding countries in the South-East Asia Region reported having such national standards and protocols. Availability is high in the other regions, from 93% of responding countries in the African Region to 86% in both the Eastern Mediterranean and Western Pacific regions.

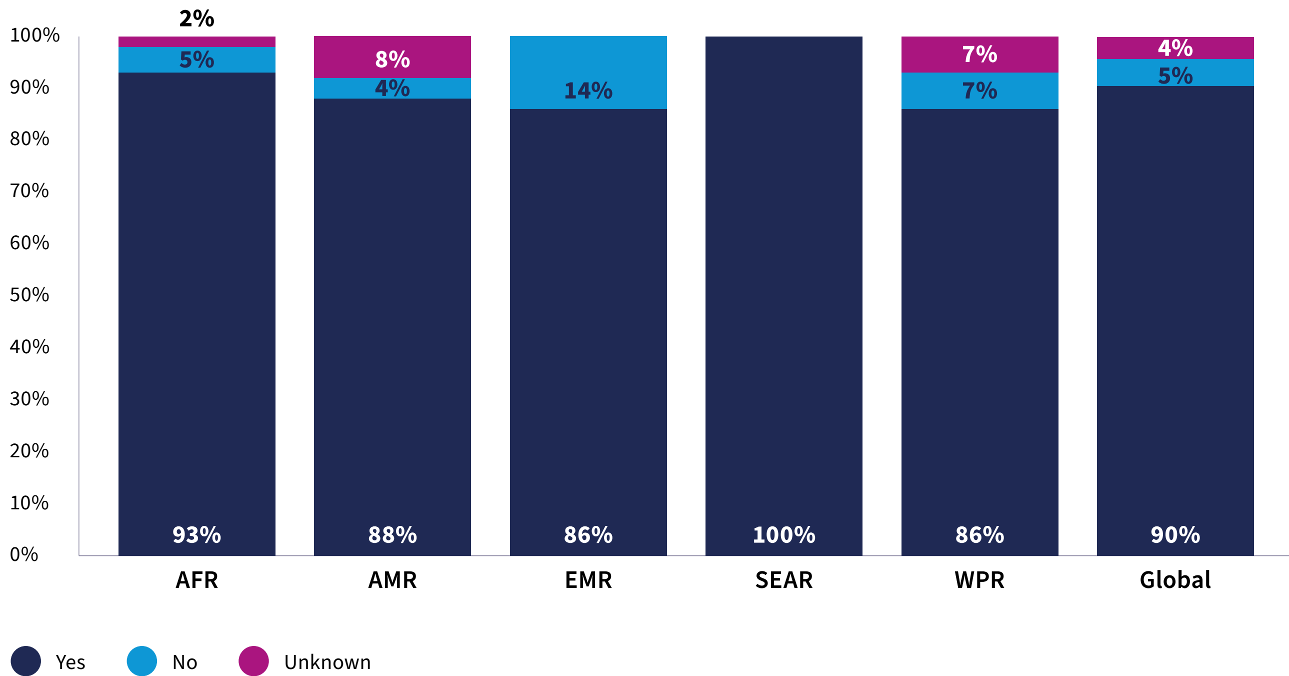
While over 90% of responding countries have national quality of care standards and protocols for delivery of sexual and reproductive health services, maternal health services, or newborn health services, a lower percentage of responding countries reported having such standards for adolescent health services (Fig. 10). Seventy per cent of responding countries have national quality of care standards and protocols for all these service areas.

Fig. 8. Existence of national policy/guideline to improve quality of care that includes or is specific to any SRMNCAH services, by WHO region, as reported in 2018–2019 and 2023 WHO SRMNCAH policy surveys



Calculated among Member States that completed both survey rounds (n=103 Member States) and reported on this (2018–2019 survey: CC_21 2023 survey: CC_18).

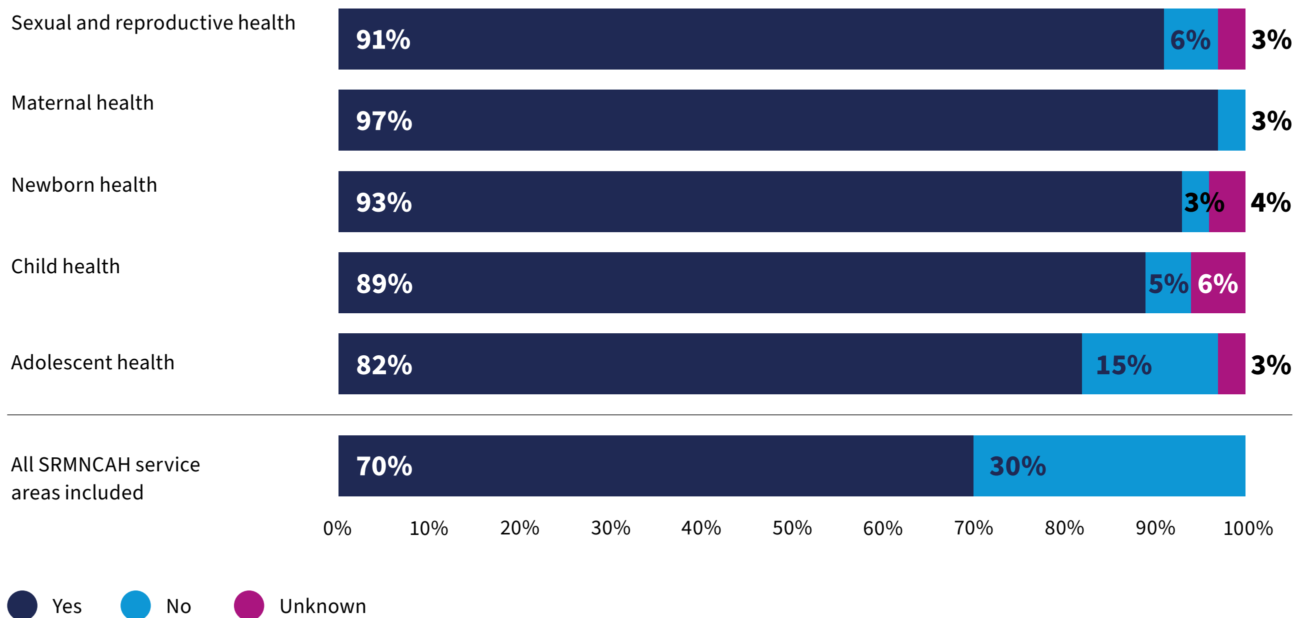
Fig. 9. National quality of care standards and protocols for delivery of services in health facilities developed for any SRMNCAH services, by WHO region, as reported in 2023 WHO SRMNCAH policy survey



Yes No Unknown

115 Member States reported on this (2023 survey: CC_19).

Fig. 10. National quality of care standards and protocols for delivery of services in health facilities developed for any SRMNCAH services, by service area, as reported in 2023 WHO SRMNCAH policy survey



Yes No Unknown

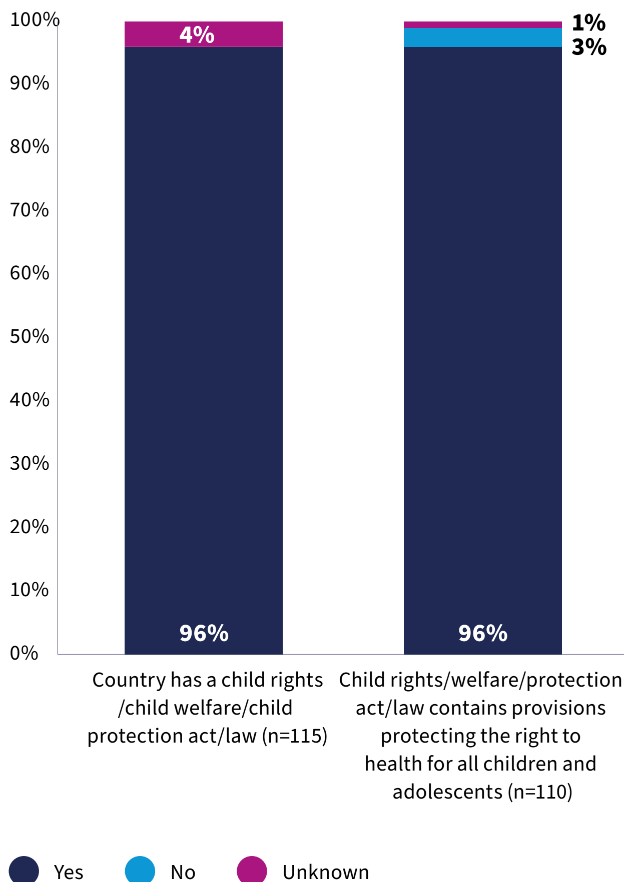
104 Member States reported on this (2023 survey: CC_20_a to CC_20_e).

See also Annex 3.

4.4 Availability of national legislation on the rights of the child to health and health care

National child rights/child welfare/child protection legislation is almost universally available in responding countries, together with provisions that protect the right to health for all children and adolescents (Fig. 11).

Fig. 11. National child rights/child welfare/child protection legislation, as reported in 2023 WHO SRMNCAH policy survey



See also Table 2.

4.5 Availability of national policies and legislation on birth registration

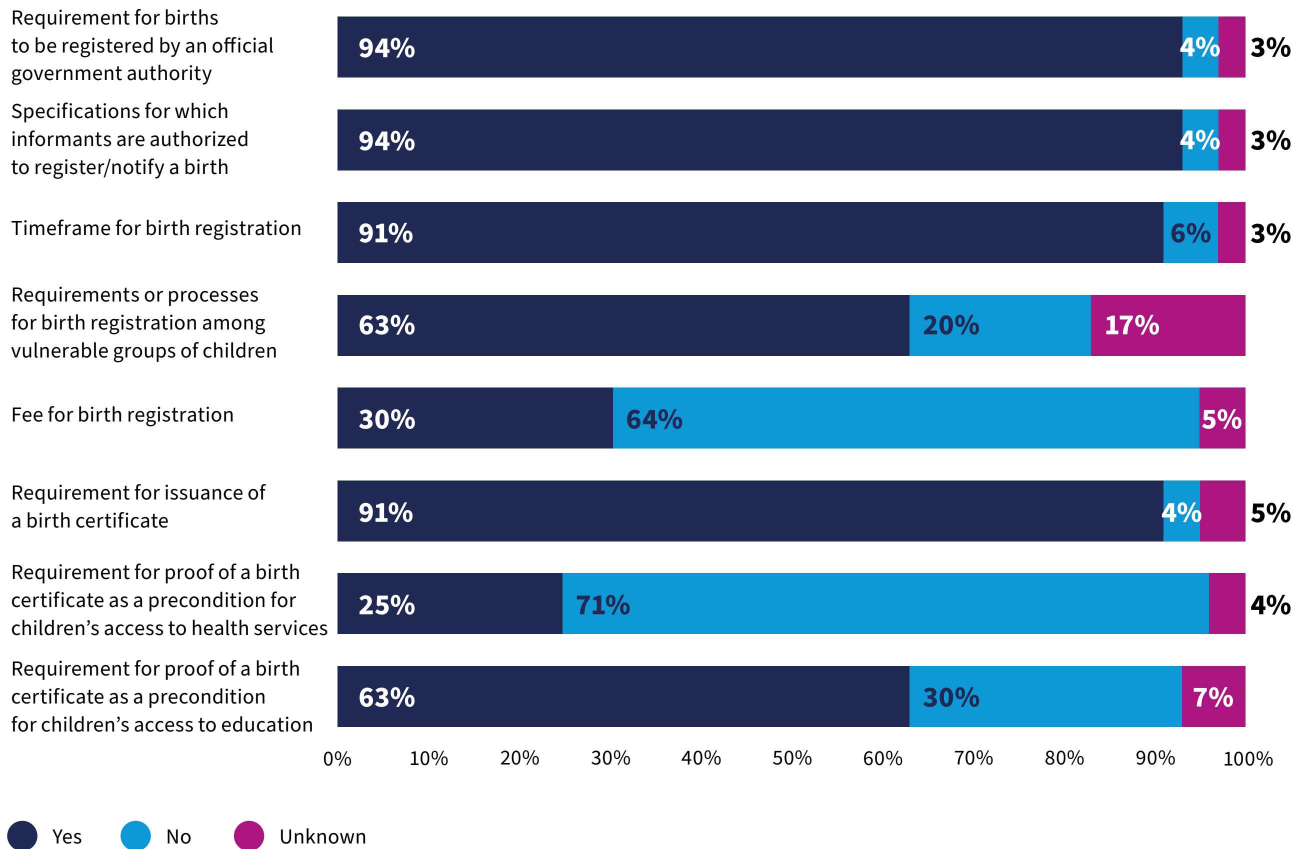
Birth registration is part of the fulfilment of the right to be recognized as a person before the law and is a critical step in ensuring lifelong protection and exercising all other rights. Universal birth registration is a priority of the international development agenda, as indicated by the SDG target 16.9 of providing a legal identity for all, including birth registration, by 2030 and the SDG target 17.9 of building the statistical capacity needed for strong national civil registration systems *(11)*. Almost all (97%) responding countries reported having national policies/guidelines/laws that require every birth to be registered (Table 2). Of these responding countries, more than 90% require births to be registered by an official government authority (94%); specify which informants (e.g. family members or caregivers) are authorized to register/notify a birth (94%); define a time frame for birth registration (91%); and require issuance of a birth certificate (91%).

Numerous barriers, including cost, can prevent a child being registered at birth. When governments make birth registration and certification free, the process becomes more accessible to the poorest segments of the population. To eliminate such financial barriers, international standards recommend that no fee be charged when registration of a birth, marriage, divorce, fetal death, or death occurs within the time period prescribed by registration law *(12)*. While over half of responding countries (64%) reported that there are no fees for birth registration in their countries, 30% indicated that a fee for birth registration exists (Fig. 12).

Strong national civil registration systems reach the most vulnerable and marginalized groups that are at particular risk of statelessness and of being left behind in the birth registration process *(12)*. However, a notably lower proportion of responding countries' legislation include specific provisions or processes for birth registration to include vulnerable groups, such as children who are orphans, undocumented migrants, refugees, or internally displaced (63%) (Fig. 12).

While universal birth registration is essential for accurate, complete, and timely vital statistics for planning, monitoring, and evaluating public programmes, absence of a birth certificate should not impede access to health care or education, on the principle of the rights of the child *(13)*. Nevertheless, policies/laws requiring proof of a birth certificate as a precondition for children's access to health services and to education exist in 25% and 63% of responding countries, respectively (Fig. 12).

Fig. 12. Policy requirements and process for birth registration, as reported in 2023 WHO SRMNCAH policy survey



112 Member States reported on this (2023 survey: CC_33, CC_34, CC_36 to CC_41).

See also Annex 3.

Chapter 5

Maternal and newborn health

5. Maternal and newborn health

The majority of maternal and newborn deaths take place in low- and middle-income countries, and most are preventable. In 2020, an estimated 287 000 women worldwide died from a complication of pregnancy and childbirth or during the postnatal period, resulting in a global estimated maternal mortality ratio of 223 maternal deaths per 100 000 live births. Urgent action is needed to reinvigorate efforts to reach SDG target 3.1 of a global average of fewer than 70 maternal deaths per 100 000 live births by 2030 (5). Direct obstetric causes of maternal mortality include postpartum haemorrhage, pre-eclampsia and hypertensive disorders, pregnancy-related infections, and complications of unsafe abortion. Indirect causes include pregnancy-related exacerbations of infectious and noncommunicable diseases. Health system failures, social determinants of maternal health, harmful gender norms, and destabilizing external factors such as humanitarian emergencies are essential to address to reduce maternal deaths (5).

In addition, almost half of stillbirths occur during childbirth and can be prevented through quality antenatal and intrapartum care. An estimated 1.9 million stillbirths occurred in 2021 (14). The leading causes of neonatal deaths are preterm birth, birth asphyxia/trauma, and congenital anomalies (4). In 2022, there were an estimated 2.3 million neonatal deaths, equivalent to 17 neonatal deaths per 100 000 live births. This represented almost half (47%) of all deaths of children aged less than 5 years in 2022 (4).

5.1 Key points on availability of national policies/guidelines/laws on maternal and newborn health

Table 3 summarizes the availability of selected national policies/guidelines/laws that are relevant to maternal and neonatal health. By region, the numbers of responding countries (that is, the denominators) were: African Region: 44 countries; Region of the Americas: 26 countries; Eastern Mediterranean Region: 14 countries; South-East Asia Region: 11 countries; and Western Pacific Region: 14 countries. Caution is therefore needed in interpreting these data since the relatively low number of responding countries in certain regions means these results cannot be considered representative.

Table 3. Summary of availability of selected policies/guidelines/laws on maternal and newborn health, by WHO region and World Bank income group, as reported in 2023 WHO SRMNCAH policy survey

	Global (%)	AFR (%)	AMR (%)	EMR (%)	SEAR (%)	WPR (%)	LIC (%)	LMC (%)	UMC (%)	HIC (%)
Strategic plan for maternal and newborn health[a] (n=154)	84.4	84.1	84.6	85.7	100	78.6	100	78.7	83.7	82.1
National policy/guideline recommends at least eight antenatal care contacts for a normal pregnancy[b] (n=115)	57.4	70.5	34.6	57.1	63.6	50.0	54.2	56.5	62.5	58.3
National policy/guideline recommends a first antenatal care visit by 12 weeks gestation (n=115)	93.0	90.9	96.2	100	81.8	92.9	91.7	93.5	93.8	91.7
National policy/guideline on antenatal care recommends the use of antenatal corticosteroids for prevention of preterm birth complications (n=115)	92.2	95.5	88.5	92.9	100	85.7	91.7	95.7	93.8	83.3

Table 3 (continued). Summary of availability of selected policies/guidelines/laws on maternal and newborn health, by WHO region and World Bank income group, as reported in 2023 WHO SRMNCAH policy survey

	Global (%)	AFR (%)	AMR (%)	EMR (%)	SEAR (%)	WPR (%)	LIC (%)	LMC (%)	UMC (%)	HIC (%)
National guideline/policy/law for using a labour monitoring tool (n=115)	87.8	93.2	88.5	78.6	100	71.4	91.7	89.1	87.5	83.3
National policy/ guideline that recommends the presence of a companion of choice during childbirth (n=115)	71.3	68.2	84.6	50.0	81.8	71.4	66.7	67.4	78.1	75.0
National policy/guideline on assisted vaginal delivery (n=115)	84.3	88.6	80.8	85.7	90.9	64.3	95.8	82.6	81.3	75.0
National policy/guideline on caesarean section (n=115)	80.0	79.5	88.5	92.9	72.7	57.1	83.3	76.1	84.4	75.0
National policy/guideline recommend the use of uterotonics for the prevention and treatment of postpartum haemorrhage (n=115)	93.9	100	80.8	92.9	100	92.9	100	97.8	84.4	91.7
National policy/guideline that recommends the woman and newborn be kept together from birth until they are discharged from a facility (n=115)	95.7	97.7	96.2	92.9	100	85.7	95.8	95.7	96.9	91.7
National policies/guidelines on postnatal care for women and/ or newborns (n=115)	98.3	97.7	96.2	100	100	100	95.8	100	96.9	100
National policy/guideline that indicates a minimum length of stay in a facility for the woman and newborn after birth (n=115)	82.6	90.9	80.8	85.7	90.9	57.1	91.7	89.1	78.1	58.3
National policy/guideline recommends at minimum of four routine postnatal care contacts[b] (n=115)	40.9	40.9	19.2	42.9	90.9	42.9	37.5	41.3	43.8	33.3
National policy/guideline that recommends preterm/ low-birth-weight newborns, including those with very low birth weight, should be fed breastmilk (n=115)	90.4	97.7	92.3	92.9	90.9	78.6	95.8	91.3	90.6	83.3
National policy/guideline that recommends kangaroo mother care for clinically stable newborns weighing 2000 g or less at birth, at health facilities (n=115)	81.7	90.9	76.9	92.9	90.9	50.0	100	87.0	75.0	50.0
National policy/guideline that recommends CPAP as the primary means of respiratory support for preterm infants with respiratory distress syndrome (n=115)	72.2	77.3	69.2	64.3	90.9	42.9	66.7	76.1	78.1	50.0

Table 3 (continued). Summary of availability of selected policies/guidelines/laws on maternal and newborn health, by WHO region and World Bank income group, as reported in 2023 WHO SRMNCAH policy survey

	Global (%)	AFR (%)	AMR (%)	EMR (%)	SEAR (%)	WPR (%)	LIC (%)	LMC (%)	UMC (%)	HIC (%)
Policies/guidelines for the management of newborn infants with severe illness (n=115)	93.9	100	96.2	85.7	90.9	78.6	95.8	91.3	96.9	91.7
National policy/guideline for treatment of young infants (0–59 days) with possible serious bacterial infection at a primary health facility when referral is not feasible (n=115)	71.3	86.4	69.2	64.3	72.7	35.7	91.7	71.7	65.6	41.7
National policy/guideline on treatment of sick newborns at home or a health centre when referral is not feasible (n=115)	59.1	68.2	50.0	57.1	72.7	35.7	79.2	56.5	59.4	25.0
National policy/guideline on education of midwifery care providers that includes competencies in pre-pregnancy and antenatal care, care during labour and birth, and ongoing care of women and newborns (n=115)	85.2	90.9	73.1	92.9	100	78.6	91.7	84.8	78.1	91.7
National policy recognizing midwives as a distinct occupational group, separate to nurses (n=115)	74.8	79.5	61.5	92.9	81.8	64.3	91.7	69.6	71.9	75.0
National guideline/policy/law that requires audit and/or review of maternal and/or perinatal death[a] (n=153)	84.3	97.7	80.8	92.9	100	92.9	95.8	97.9	81.4	63.2
National guideline/policy/law requiring all maternal and/or perinatal deaths happening in health facilities to be notified within 24 hours to the national, state, or provincial authority (n=115)	87.8	97.7	76.9	85.7	100	64.3	95.8	89.1	84.4	75.0

HIC: high-income country, LIC: low-income country, LMC: lower-middle-income country, UMC: upper-middle-income country.

[a] Includes data from 2021 European action plan for sexual and reproductive health survey.
[b] See country tables in Annex 2 for more specific details on number of contacts.

See also Annex 2.

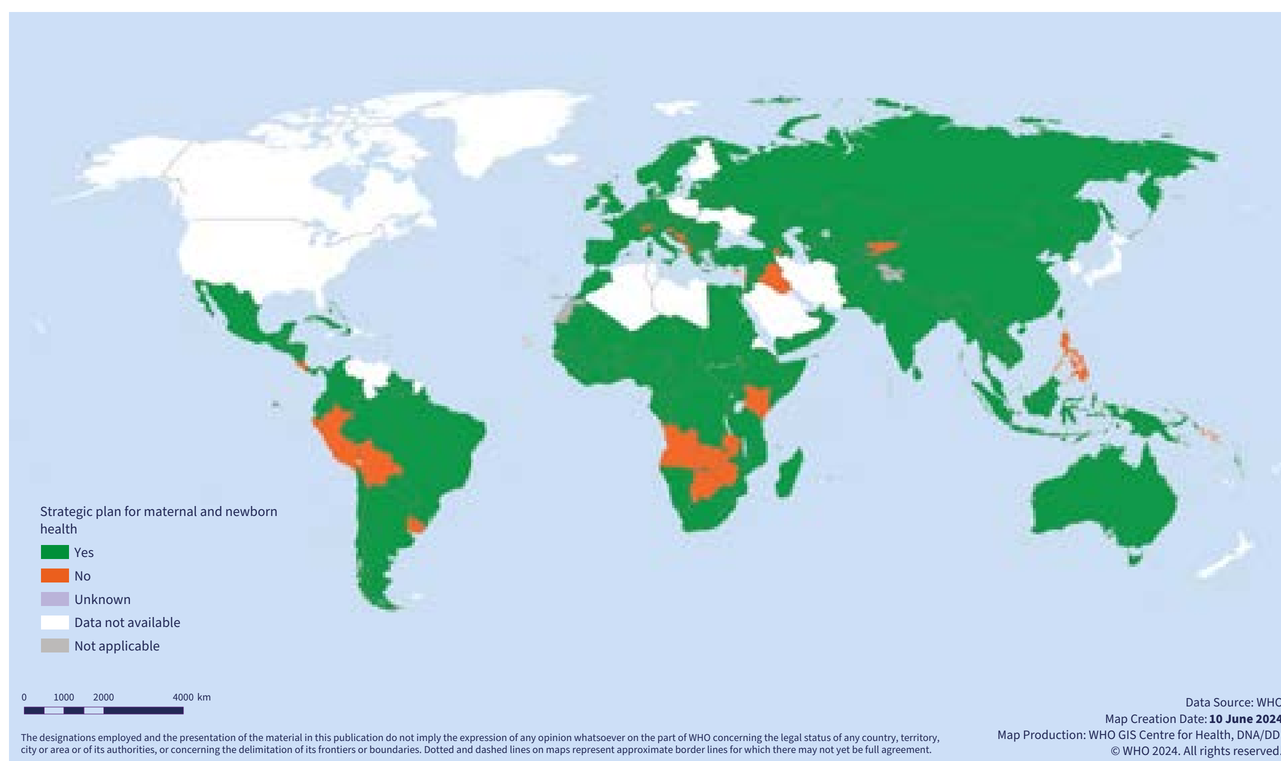
Indicates lowest proportion of Member States reporting existence of policy/guideline/law or highest proportion reporting absence of restrictive aspects of a policy/guideline/law. Indicates low proportion of Member States reporting existence of policy/guideline/law or high proportion reporting absence of restrictive aspects of a policy/guideline/law Indicates intermediate proportion of Member States reporting either existence of policy/guideline/law or absence of restrictive aspects of a policy/guideline/law Indicates high proportion of Member States reporting existence of policy/guideline/law or low proportion reporting absence of prohibitive aspects of a policy/guideline/law Indicates highest proportion of Member States reporting existence of policy/guideline or lowest proportion reporting the absence of restrictive aspects of a policy/guideline/law

- There is near-universal availability of national policies/guidelines recommending a first antenatal care visit by 12 weeks of gestation. However, only 57% of responding countries overall have national policies/guidelines recommending at least eight antenatal contacts for a normal pregnancy.
- With the exception of responding countries of the South-East Asia Region, markedly low proportions of responding countries report having a national policy/guideline that recommends at least four routine postnatal contacts – only 41% of responding countries overall. This contrasts with the near-universal existence of national policies/guidelines on postnatal care for women and/or newborns. The Region of the Americas appears to have scope for improvement in these areas. Among national policies/guidelines of responding countries, only 35% recommend at least eight antenatal contacts for a normal pregnancy and just 19% recommend a minimum of four routine postnatal contacts.
- Although there is great variability among regions, the overall proportion of responding countries with national policies/guidelines that recommend a companion of choice during labour and childbirth is just over 70% and falls to only half of responding countries in the Eastern Mediterranean Region.
- Almost all responding countries have national policies/guidelines for the management of newborn infants with severe illness but only 59% have a national policy/guideline on treatment of sick newborns at home or a health centre when referral is not feasible. A higher proportion (71%) report having a national policy/guideline for treating young infants with possible serious bacterial infection at primary health facility when referral is not feasible. Although there are opportunities in all regions to increase the availability of policy/guidance on treatment of sick newborns or young infants who cannot be referred, the largest gaps are in the Western Pacific Region.
- Availability of national policies/guidelines recommending the use of antenatal corticosteroids for prevention of preterm birth complications is high across all regions.
- Proportions of national policies/guidelines recommending continuous positive airway pressure (CPAP) as the primary means of respiratory support for preterm infants in respiratory distress range from 91% in the South-East Asia Region to only 43% of responding countries Western Pacific Region.
- The Western Pacific and Americas regions have the lowest proportions of responding countries with a national policy/guideline on kangaroo mother care at health facilities for clinically stable newborns weighing 2000 g or less at birth (50% and 77%, respectively). More than 90% of responding countries of the other regions reported having such a national policy/guideline.

5.2 Availability of national strategic plans

Overall, 84% of responding countries reported having a strategic plan for maternal and newborn health (Fig. 13)

Fig. 13. Strategic plan exists for maternal and newborn health, as reported in 2023 WHO SRMNCAH policy survey and 2021 European action plan for sexual and reproductive health survey



154 Member States reported on this (2023 WHO SRMNCAH policy survey (MN_07) and 2021 European action plan for sexual and reproductive health survey (Q9b). See also Table 3.

5.3 Availability of national antenatal care policies

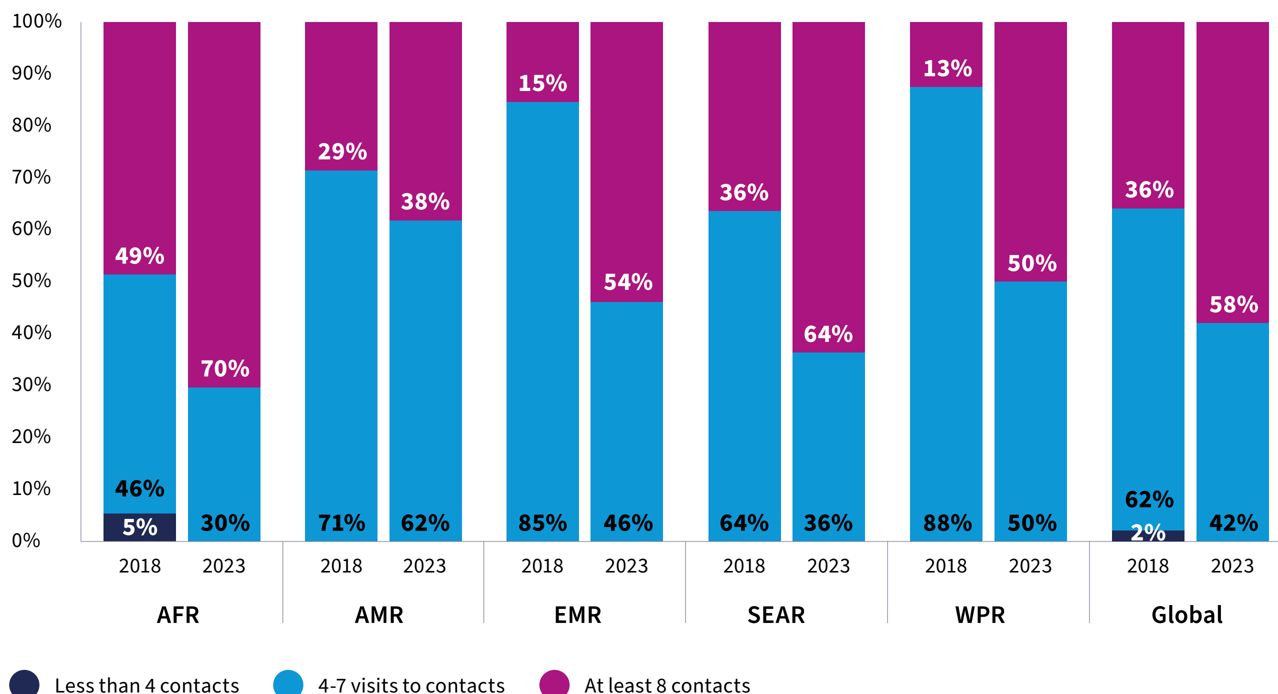
All responding countries reported that they have a national policy/guideline on antenatal care (Annex 3). Quality antenatal care reduces maternal and perinatal morbidity and mortality directly, through detection and treatment of pregnancy-related complications, and indirectly, through the identification of women and girls at increased risk of developing complications during labour and birth. WHO issued recommendations in 2016 to improve the quality of antenatal care, reduce the risk of stillbirths and pregnancy complications, and promote a positive pregnancy experience. The 2016 WHO guideline on antenatal care for a positive pregnancy experience recommends eight antenatal care contacts for a normal pregnancy, superseding the previous recommendation for at least four antenatal care contacts for normal pregnancy *(15)*.

5.3.1 Availability of national policies/guidelines on number and timing of antenatal care contacts

Among countries that responded to both WHO SRMNCAH policy survey rounds, the proportion with national antenatal care policies/guidelines recommending at least eight antenatal care contacts for a normal pregnancy has increased from 36% in 2018–2019 to 58% in 2023. This reflects substantial between-survey regional increases: from 49% to 70% in responding countries of the African Region; from 29% to 38% in the Region of the Americas; from 15% to 54% in the Eastern Mediterranean Region; from 36% to 64% in the South-East Asia Region; and from 13% to 50% Western Pacific Region (Fig. 14).

Of countries that reported on recommended timing of the first antenatal care contact in their national policies/guidelines in the 2018–2019 and 2023 WHO SRMNCAH policy survey rounds, 95% overall reported that their policies/guidelines recommend the first antenatal care contact should occur within the first 12 weeks of pregnancy, which is in line with the WHO antenatal care model *(15)*.

Fig. 14. Recommended number of antenatal care contacts for a normal pregnancy indicated in national antenatal care policy/guideline, by WHO region, as reported in 2018–2019 and 2023 WHO policy surveys

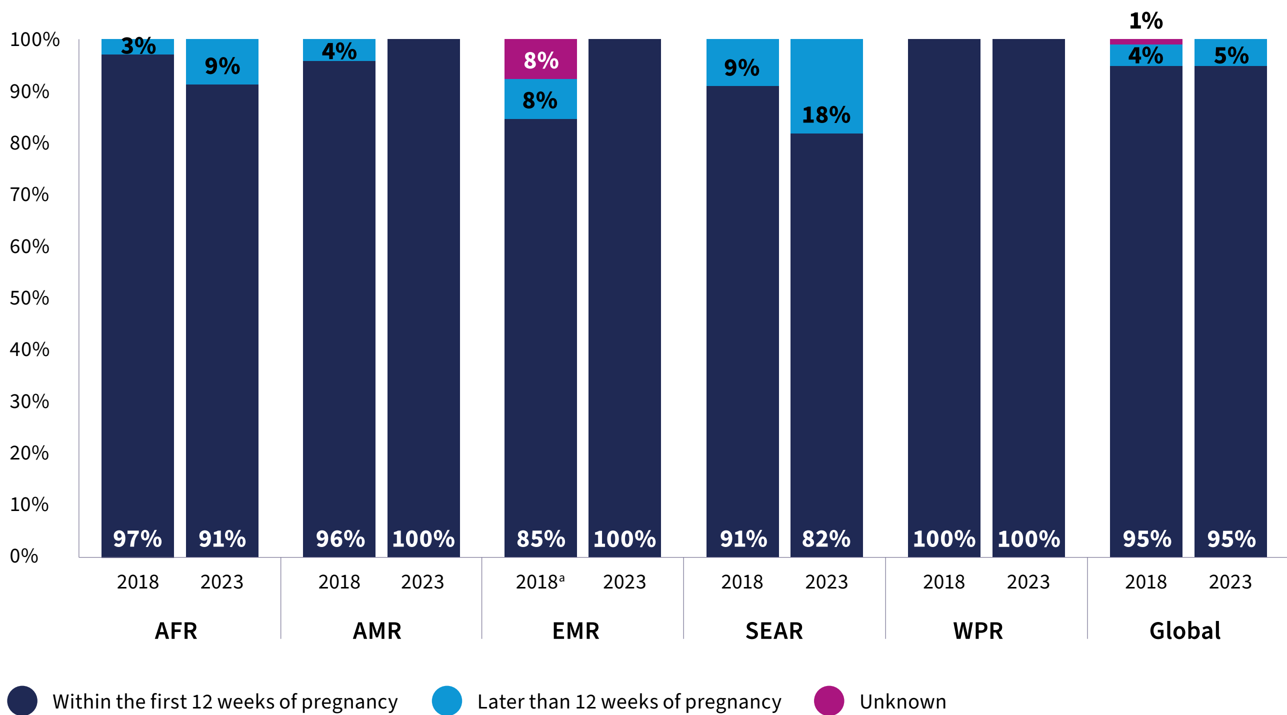


Calculated among Member States that completed both survey rounds (n= 95 countries) and reported on this (2018–2019 survey: MN_12; 2023 survey: MN_09_other).

In both WHO SRMNCAH policy survey rounds, all responding countries of the Western Pacific Region answering the relevant question have national policies/guidelines that include this recommendation. Between-survey increases were recorded in the Americas (96% to 100%) and Eastern Mediterranean (85% to 100%) regions.

Somewhat lower proportions of responding countries in the African and South-East Asia regions report having this recommendation, and both proportions have decreased between the two WHO SRMNCAH policy survey rounds: from 97% to 91% in the African Region and from 91% to 82% in the South-East Asia Region (Fig. 15).

Fig. 15. Recommended timing of first antenatal care contact as indicated in national antenatal care policy/guideline, by WHO region, as reported in 2018–2019 and 2023 WHO policy surveys



Calculated among Member States that completed both survey rounds (n=95 countries) and reported on this (2018–2019 survey: MN_14; 2023 survey: MN_10_other).

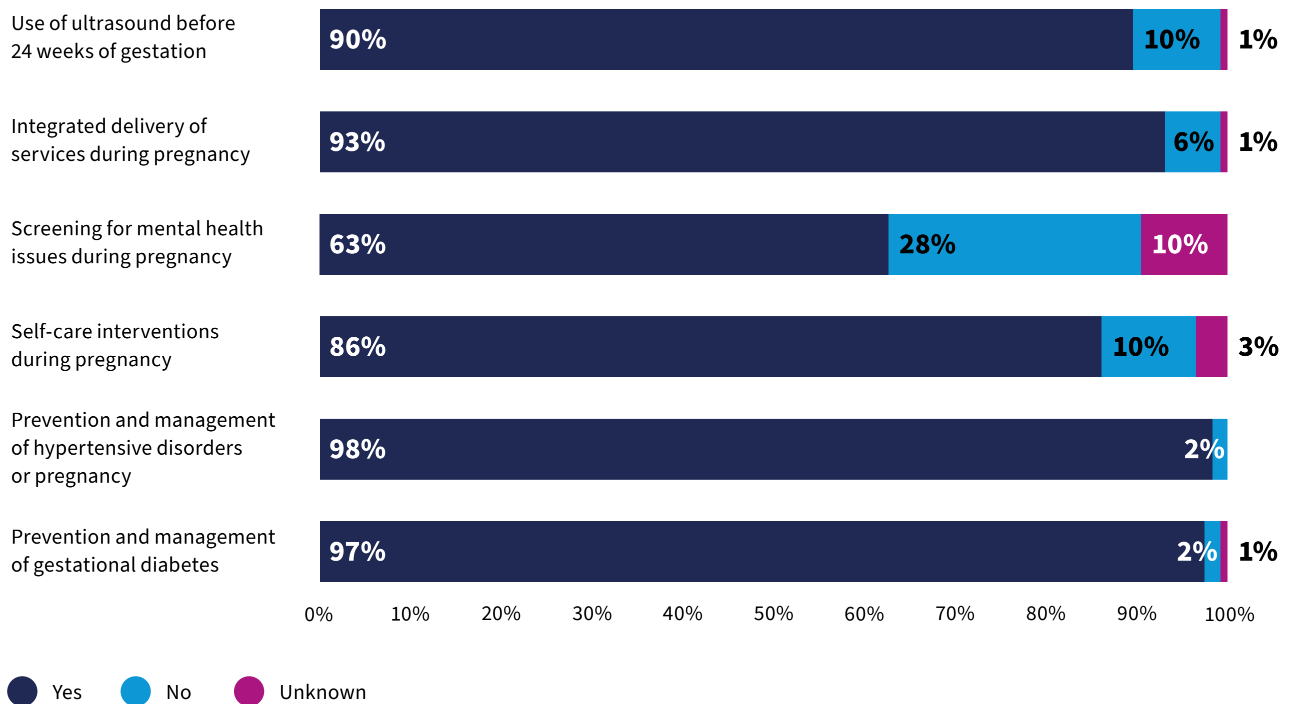
[a] Due to rounding, the total displayed here appears as over 100%.

5.3.2 Availability of national policies/guidelines on components of antenatal care

Antenatal care provides opportunities to reduce preventable morbidity and mortality through systematic monitoring of maternal and fetal well-being, such as for maternal hypertensive disorders. High proportions of responding countries responded that they have national antenatal care policies/guidelines for normal pregnancies that recommend prevention and management of hypertensive disorders of pregnancy (98%); prevention and management of gestational diabetes (97%); integrated delivery of services during pregnancy including immunization, HIV, tuberculosis, and/or malaria (93%); use of ultrasound before 24 weeks of gestation (90%); and self-care interventions during pregnancy (86%). These practices are all included in the WHO recommendations on antenatal care *(15)*.

Anxiety and depression in the perinatal period are common, affecting an estimated 1 in 10 women in high-income countries and one in five in low- and middle-income countries *(16)*. Currently, WHO recommends that, while health workers should ask about a woman's well-being, stressors, and any depressive symptoms as part of usual care, screening should be done only when a mental health care pathway exists to assist women who may have a mental health condition *(16)*. Screening for mental health issues, such as depression, and anxiety, during pregnancy is the intervention least commonly recommended (63%) in the national policies/guidelines of responding countries (Fig. 16).

Fig. 16. Content of policy/guideline on antenatal care for normal pregnancies, as reported in 2023 WHO SRMNCAH policy survey



115 Member States reported on this (2023 survey: MN_11a-f).

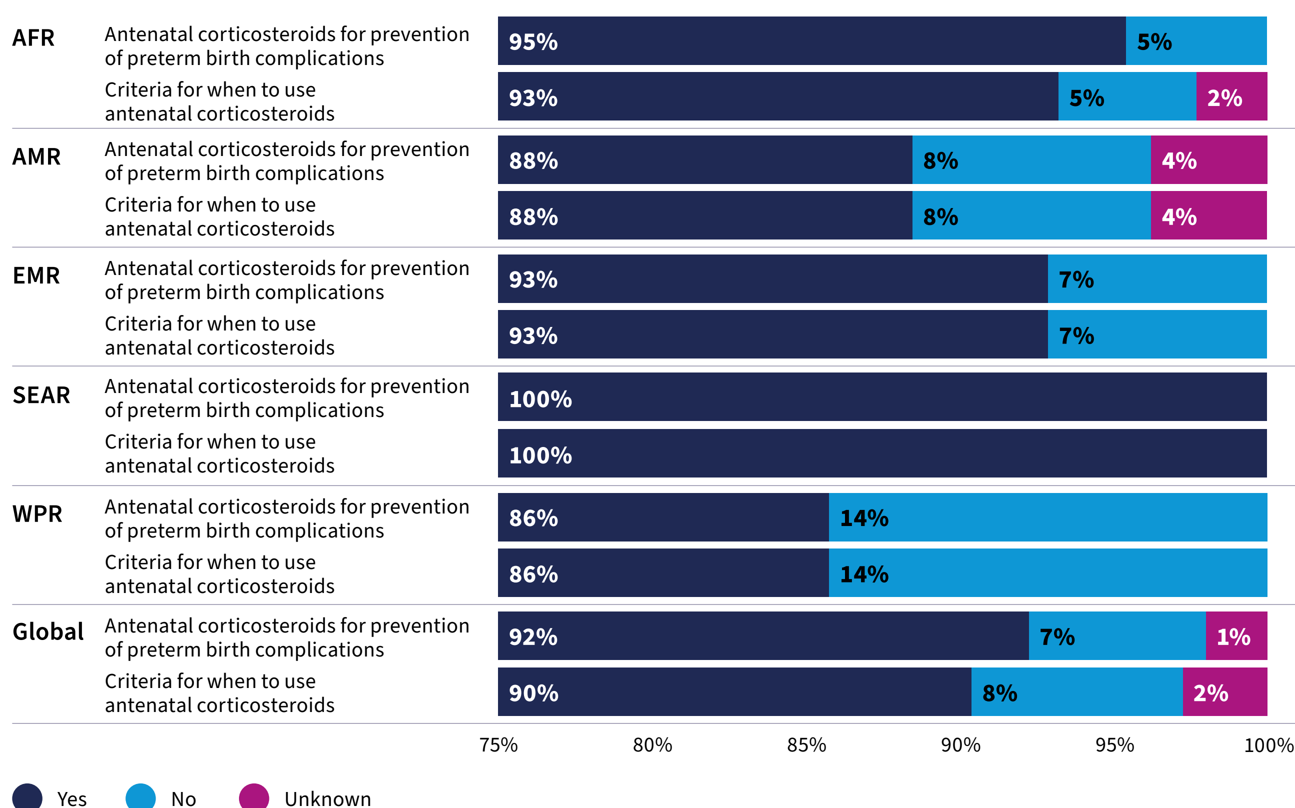
See also Annex 3.

5.3.3 Availability of national policies/guidelines on use of antenatal corticosteroids

In 2021, preterm birth was the leading (18%) globally estimated cause of death in children under 5 years *(4)*. Preterm babies who survive are more prone to serious illnesses during childhood. The 2022 WHO updated guidelines on use of antenatal corticosteroids for improving preterm birth outcomes recommend that, if certain conditions are met, antenatal corticosteroid therapy is recommended for women with a high likelihood of preterm birth from 24 weeks to 34 weeks of gestation *(17)*.

Overall, a high proportion of responding countries' national policies/guidelines recommend using antenatal corticosteroids to prevent preterm birth (92%) and specify criteria for when this intervention should be used (90%). By WHO region, all responding countries of the South-East Asia Region have such national policies/guidelines, all of which specify criteria for when antenatal corticosteroids should be used. Although the Western Pacific Region has the fewest responding countries with such national policies/guidelines (86%), all specify timing criteria (Fig. 17).

Fig. 17. Recommendation of use of antenatal corticosteroids for prevention of preterm birth complications in national policy/guideline, by WHO region, as reported in 2023 WHO SRMNCAH policy survey



115 Member States reported on this (2023 survey: MN_12-MN_13).

5.4 Availability of national policies/guidelines related to childbirth

More than one third of maternal deaths, half of stillbirths, and a quarter of neonatal deaths result from complications during labour and childbirth. The majority of these deaths occur in low-resource settings and are largely preventable through timely interventions *(18)*. The 2018 WHO guideline on intrapartum care for a positive childbirth experience consolidates new and existing recommendations that, when provided as a package, ensure quality, evidence-based care irrespective of the setting or level of health care *(18)*.

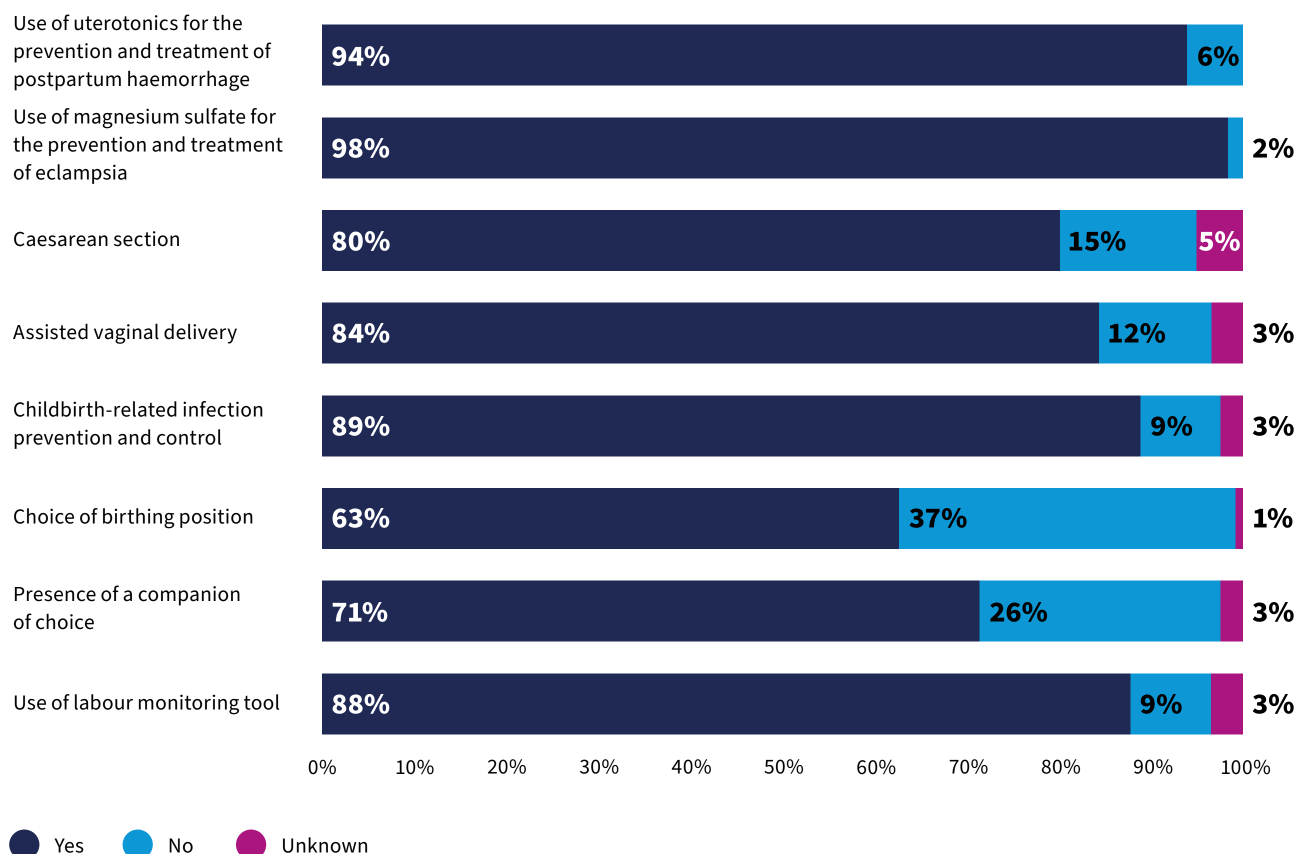
A central tenet of the WHO recommendations on intrapartum care is the importance of woman-centred care to optimize the experience of labour and childbirth for women and their babies through a holistic, human rights-based approach, including encouraging the woman to choose her birthing position and presence of a companion of choice *(18)*. A national policy/guideline that a woman should choose her birthing position is available in only 63% of responding countries, and 71% of responding countries overall have national policies/guidelines that recommend the presence of a companion of choice during childbirth (Fig. 18).

Slightly lower proportions of responding countries have national policies/guidelines on childbirth-related infection prevention and control (89%) and a policy/guideline/law on the use of a labour monitoring tool, such as a partograph (88%) (Fig. 18).

Despite a lack of evidence showing benefits of caesarean birth for women or infants who do not require the procedure, increasing caesarean section rates remain a major public health challenge *(19)*, highlighting the need for national policies/guidelines on the appropriate use of this procedure. There has also been a worldwide decrease in the use of assisted vaginal birth, increased access to which has the potential to reduce maternal and perinatal mortality and morbidity and decrease use of caesarean section in the second stage of labour *(20)*. The proportions of responding countries with a national policy/guideline on caesarean section and assisted vaginal birth are 80% and 84%, respectively (Fig. 18).

WHO recommends use of magnesium sulfate for the prevention and treatment of eclampsia *(21)* and use of uterotonics for the prevention of postpartum haemorrhage during the third stage of labour for all births *(18)*. These practices are included in most national policies among responding countries (98% and 94% respectively).

Fig. 18. Availability of selected national policies/guidelines related to childbirth as reported in 2023 WHO SRMNCAH policy survey



115 Member States reported on these indicators (2023 survey: MN_15-MN_22).
See also Annex 3.

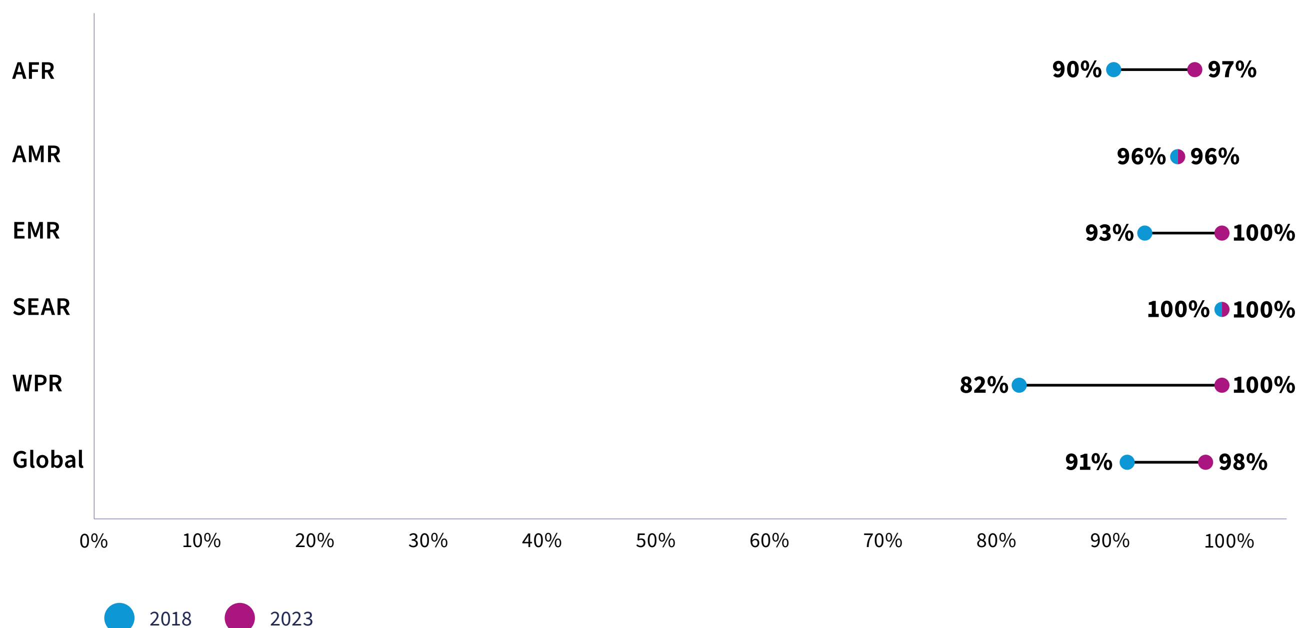
5.5 Availability of national policies/guidelines on postnatal care for mothers and newborns

Starting immediately after birth, the postnatal period encompasses up to six weeks after birth and involves care of the mother and newborn in the health facility and subsequently at home. High quality care is critical during this period but coverage and quality of postnatal care for women and newborns tend to be relatively poor *(22)*. Improving access to and availability of quality postnatal care is critical to reducing the unacceptably high burden of maternal and neonatal mortality and morbidity.

In 2022, WHO published an updated guideline that introduced a postnatal care model that places the woman–newborn dyad at the centre of care. It provides a comprehensive set of recommendations for care during the postnatal period, focusing on the essential package that all women and newborns should receive, with due attention to quality of care *(22)*.

Among countries that responded to the 2018–2019 and 2023 WHO SRMNCAH policy surveys, the availability of a national policy/guideline on postnatal care for women and/or newborns rose from 91% to 98%. This largely reflects the increase in responding countries of the Western Pacific Region reporting such a policy/guidance (from 82% to 100%). The proportions of responding countries with a national policy/guideline on postnatal care for women and/or newborns in other WHO regions increased in the African (90% to 97%) and Eastern Mediterranean (93% to 100%) regions and remained the same in the Americas and South-East Asia regions (96% and 100%, respectively) (Fig. 19).

Fig. 19. National policy/guideline on postnatal care for women and/or newborns, by WHO region, as reported in 2018–2019 and 2023 WHO SRMNCAH policy surveys



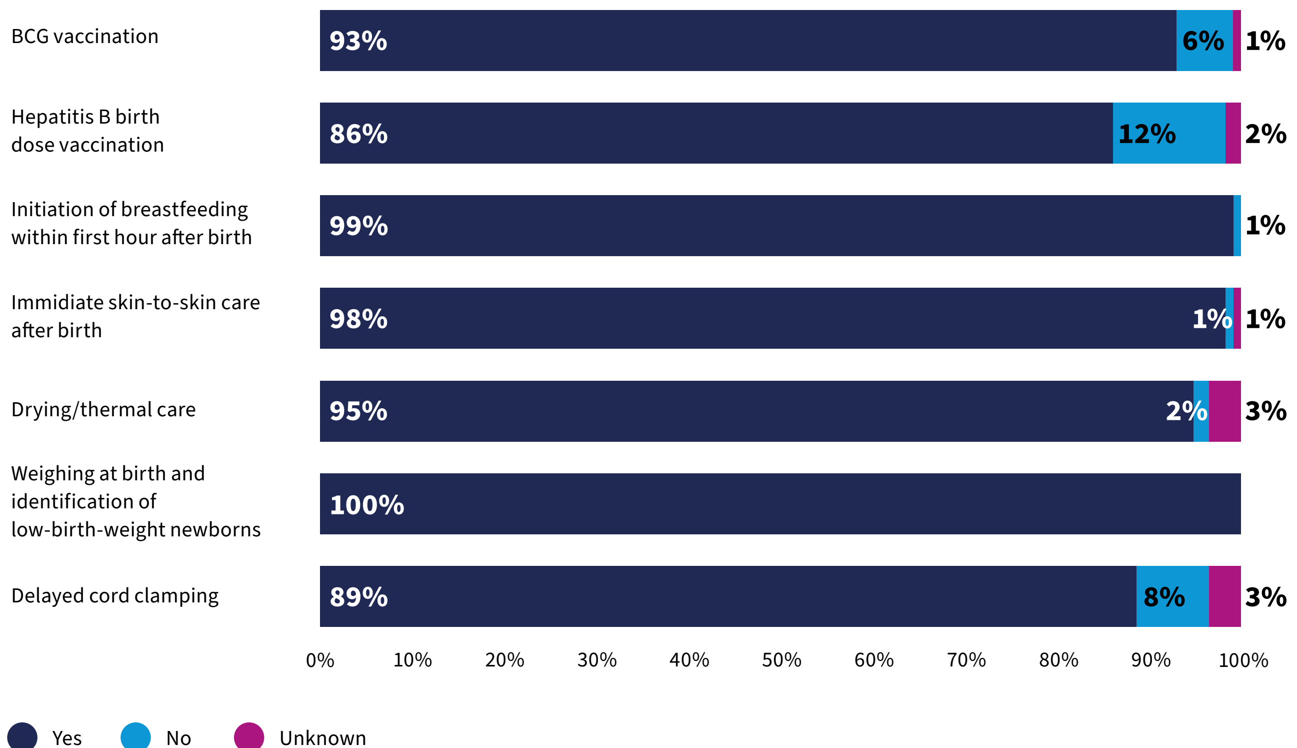
Calculated among Member States that completed both survey rounds (n= 104 Member States) and reported on this (2018–2019 survey: MN_33; 2023 survey: MN_26).

5.5.1 Availability of national policies/guidelines on essential newborn care

All newborns should have access to essential newborn care in the first days after birth *(22)*. Very high proportions of responding countries report having national policies/guidelines on that include specific interventions and practices that are included in the WHO-recommended package of essential newborn care:[6] weighing at birth and identification of low-birth-weight newborns (100%); initiation of breastfeeding within the first hour after birth (99%); immediate skin-to-skin care after birth (98%); drying/thermal care (95%); bacille Calmette–Guérin (BCG) vaccination (93%); delayed cord clamping (89%); and hepatitis B birth dose vaccination (86%) (Fig. 20).

Similarly, almost all responding countries (96%) report having a national policy/guideline that the woman and newborn should be kept together from birth until discharge, a practice known as rooming-in (Fig. 21). *(22)*.

Fig. 20. National policies/guidelines on essential newborn care that recommend selected interventions as reported in WHO 2023 SRMNCAH policy survey

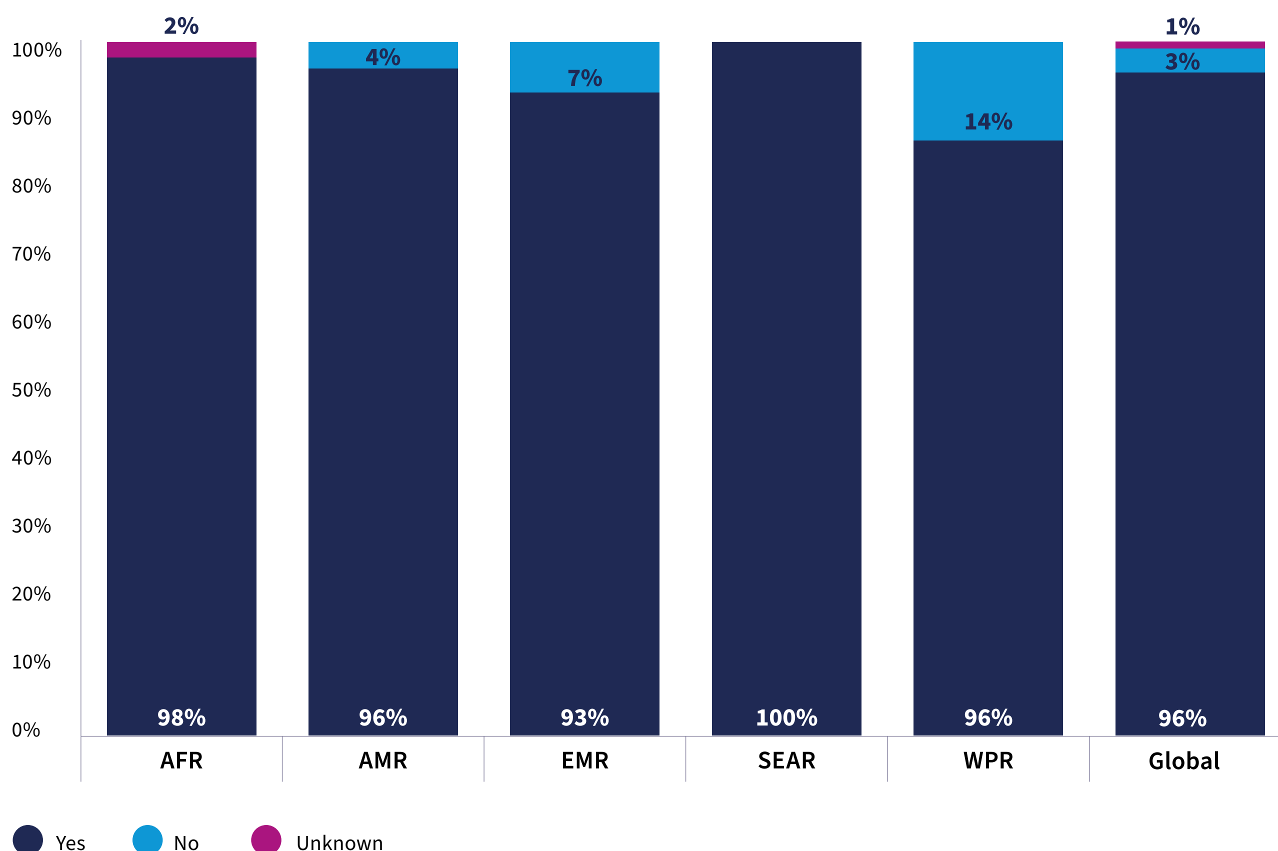


115 Member States reported on this (2023 survey: MN_24_a to MN_24_g).

See also Annex 3.

[6] Essential newborn care includes: immediate care at birth (delayed cord clamping, thorough drying, assessment of breathing, skin-to-skin contact, and early initiation of breastfeeding); thermal care; resuscitation when needed; support for breastmilk feeding; nurturing care; infection prevention; assessment of health problems; recognition and response to danger signs; and timely and safe referral when needed.

Fig. 21. National policy/guideline that recommends that woman and newborn be kept together from birth until they are discharged from a facility, by WHO region, as reported in 2023 WHO SRMNCAH policy survey



115 Member States reported on this (2023 survey: MN_25).

5.5.2 Availability of national policies/guidelines on the minimum length of stay in a facility and discharge criteria

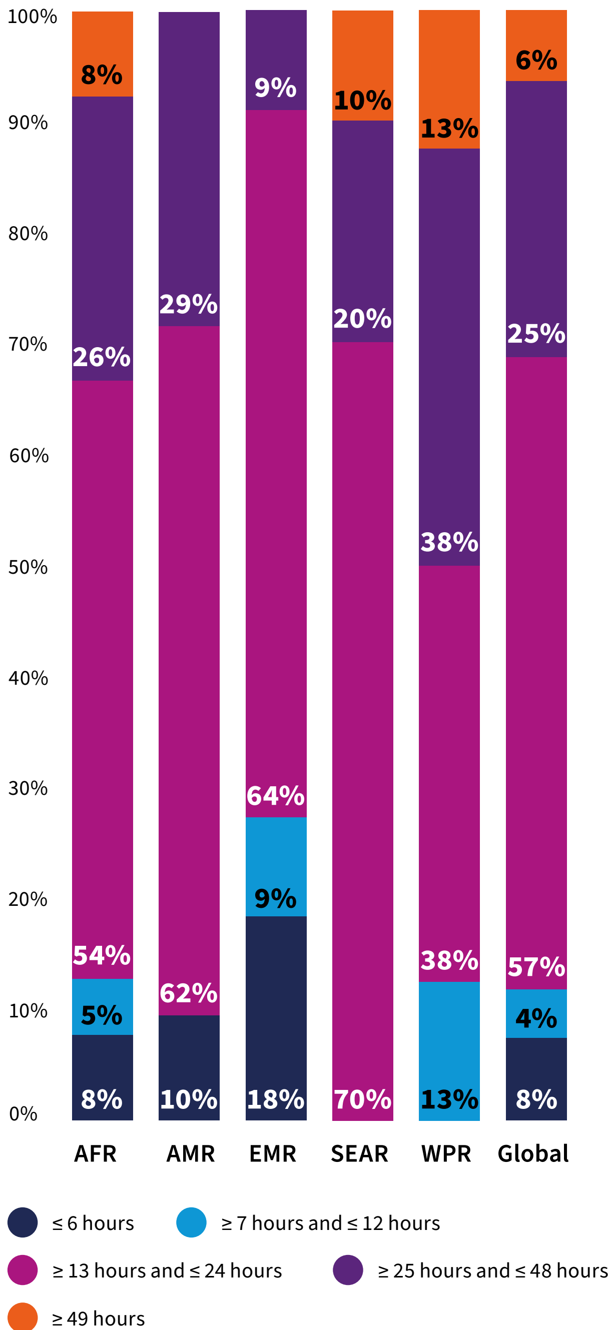
Since the first 24 hours after birth is a critical period when complications can occur, WHO recommends a stay of at least 24 hours in the health facility after birth, with continuous care and monitoring *(22)*. However, too few women and newborns stay in the facility for the recommended period *(22)*, and the opportunity is lost for timely identification of problems in women and newborns and for orienting women on self-care and the care of the newborn at home.

Thirty-one per cent of responding countries reported that the recommended minimum stay in a facility after a normal vaginal birth is at least 24 hours. In 6% of responding countries, the minimum recommended stay is ≥48 hours; in 25%, the recommended minimum stay is ≥25 to ≤48 hours. The proportions of countries recommending a minimum stay of ≥25 to ≤48 hours vary by region from 38% of responding countries in the Western Pacific to 9% of the Eastern Mediterranean regions. In more than half (57%) of responding countries, the minimum stay stipulated by national policies/guidelines is less than the WHO-recommended 24 hours (≥13 to ≤24 hours).

Minimum recommended stays of ≥13 to ≤24 hours are the most common category in all regions other than the Western Pacific Region, where there is an equal split between responding countries indicating recommended minimums of ≥13 to ≤24 hours (38%) and ≥25 to ≤48 hours (38%). Minimum stays of ≤6 hours are recommended in 8% of all responding countries (Fig. 22).

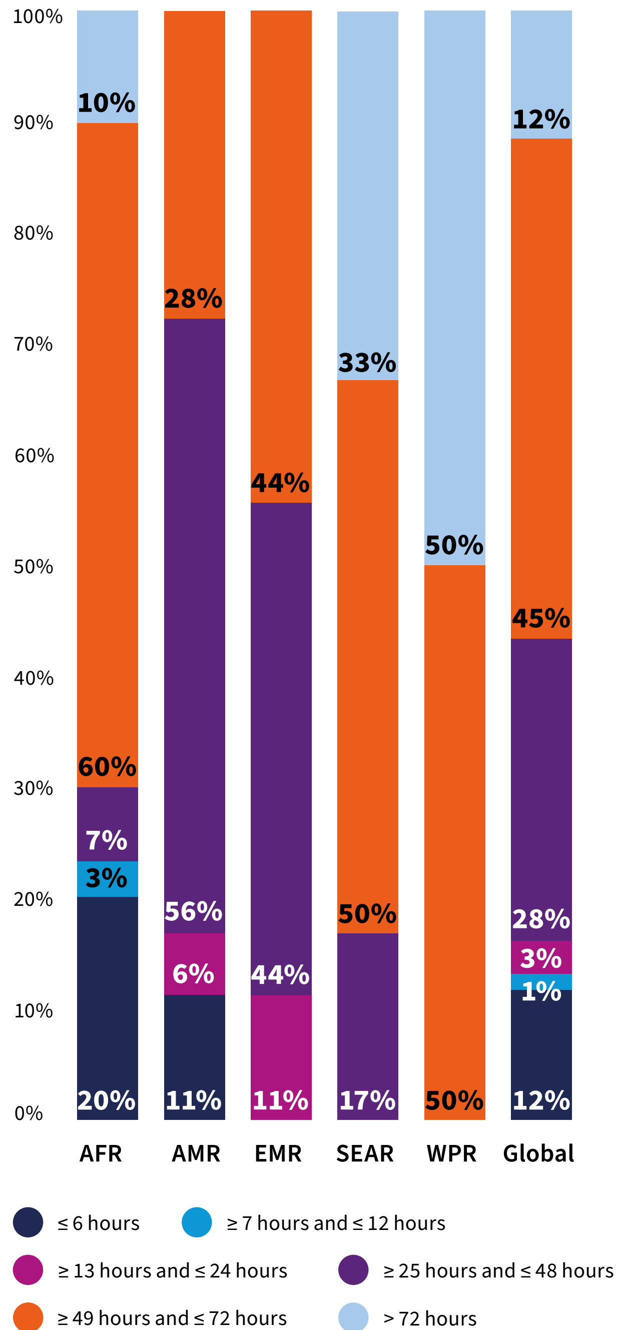
Because evidence is lacking, WHO does not recommend a minimum time of care in the health facility after caesarean birth but notes that discharge within 24 hours after caesarean birth increases the risk of adverse maternal and neonatal outcomes and reduces breastfeeding at 6 weeks *(22)*. The recommended minimum length of stay in a facility for women and newborns after caesarean section in responding countries ranges from ≤6 hours to >72 hours, with considerable regional variation (Fig. 23). Overall, 85% of national policies/guidelines recommend minimum stays of at least 25 hours (28% recommend a minimum of ≥25 to ≤48 hours, 45% recommend a minimum of ≥49 to ≤72 hours, and 12% recommend a minimum of >72 hours) after caesarean section. Among the 12% of responding countries where the recommended minimum stay after caesarean section is ≤6 hours all are in the African and Americas regions.

Fig. 22. Recommended minimum length of stay in a facility for woman and newborn after normal vaginal birth per national policy/guideline, by WHO region, as reported in 2023 WHO SRMNCAH policy survey



93 Member States reported on this (2023 survey: MN_27_a). To standardize the diversity of the original responses for analysis, the original responses were categorized into time ranges (≤6 hours; ≥ 7 and ≤12hours; ≥13 and ≤24 hours; ≥25 hours and ≤48 hours; ≥49 hours) to understand the recommended minimum length of stay in a facility for the woman and newborn after normal vaginal birth.

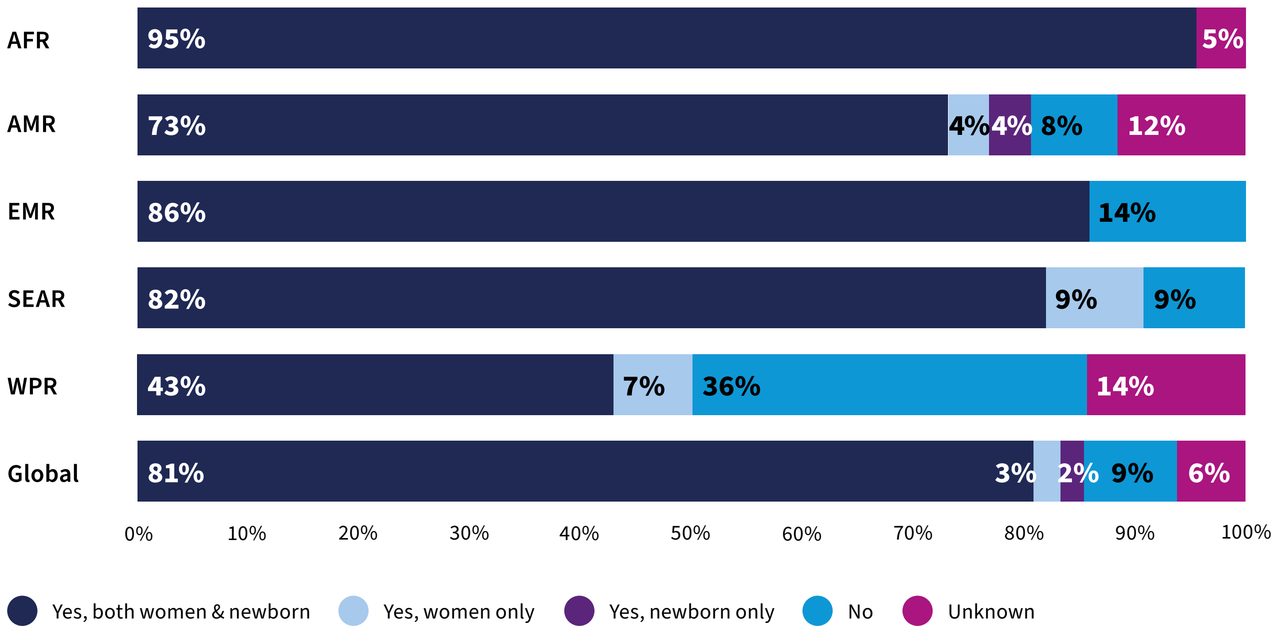
Fig. 23. Recommended minimum length of stay in a facility for woman and newborn after caesarean section per national policy/guideline, by WHO region, as reported in 2023 WHO SRMNCAH policy survey



70 Member States reported on this (2023 survey: MN_27_b). To standardize the diversity of the original responses for analysis, the original responses were categorized into time ranges (≤6 hours; ≥7 hours and ≤12 hours; ≥13 and ≤24 hours; ≥25 hours and ≤48 hours; ≥49 and ≤72 hours; >72 hours) to understand the recommended minimum length of stay in a facility for the woman and newborn after normal vaginal birth.

WHO guidelines outline the key criteria for women and newborns that should be assessed prior to discharge, and also recommend approaches that can strengthen preparation for discharge from the health facility to home after birth *(22)*. Overall, 81% of responding countries have a national policy/guideline that specifies discharge criteria for both women and newborns after a facility birth (Fig. 24). Only the Western Pacific Region has a low proportion of responding countries with this specification in their national policies/guidelines (43%).

Fig. 24. National policy/guideline specifies criteria for discharge for the woman and/or newborn after facility birth, as reported in 2023 WHO SRMNCAH policy survey

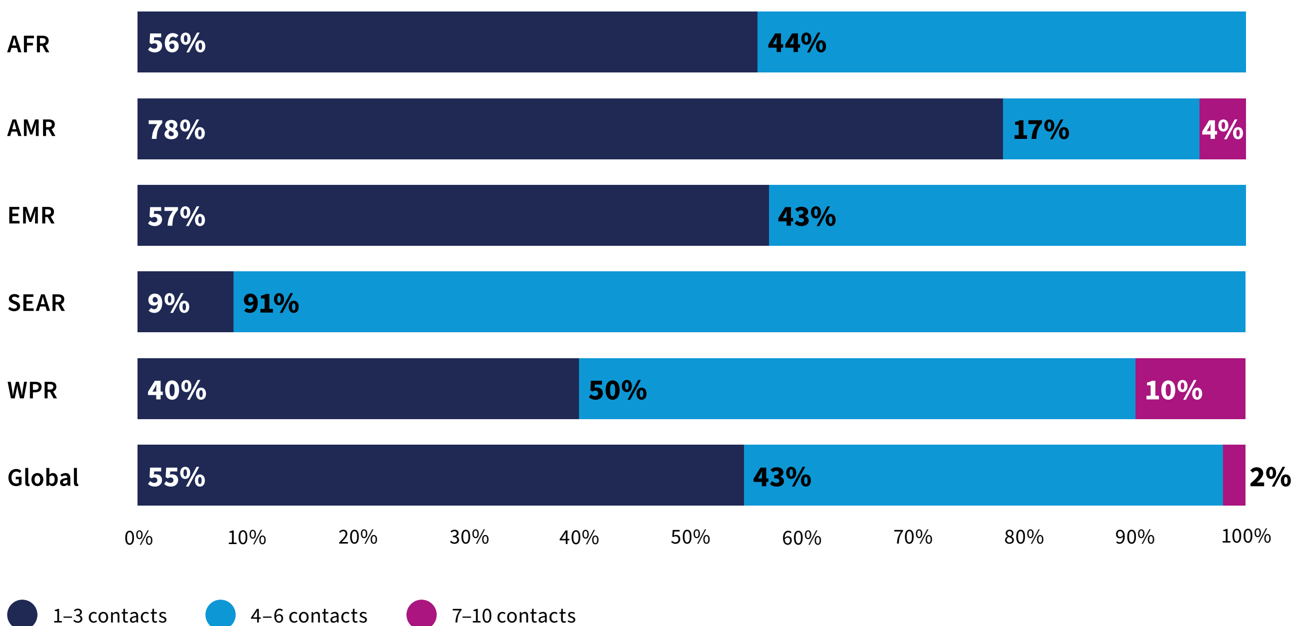


115 countries reported on this (2023 survey: MN_28).

5.5.3 Availability of national policies/guidelines on number of routine postnatal contacts

The foundation of the WHO postnatal care model is a minimum of four routine postnatal care contacts *(22)*. However, 55% of national policies/guidelines overall recommend fewer than the minimum four routine postnatal care contacts recommended by WHO, ranging from 78% of responding countries in the Region of the Americas to 9% of responding countries in the South-East Asia Region (Fig. 25). Four to six postnatal contacts are recommended by the national policies/guidelines of 43% of responding countries overall; this is the recommendation in 91% of responding countries in the South-East Asia Region. A small proportion of responding countries in the Region of the Americas (4%) and in the Western Pacific Region (10%) recommend seven to 10 postnatal contacts.

Fig. 25. Number of routine postnatal contacts recommended in the national policy/guideline, by WHO region, as reported in 2023 WHO SRMNCAH policy survey



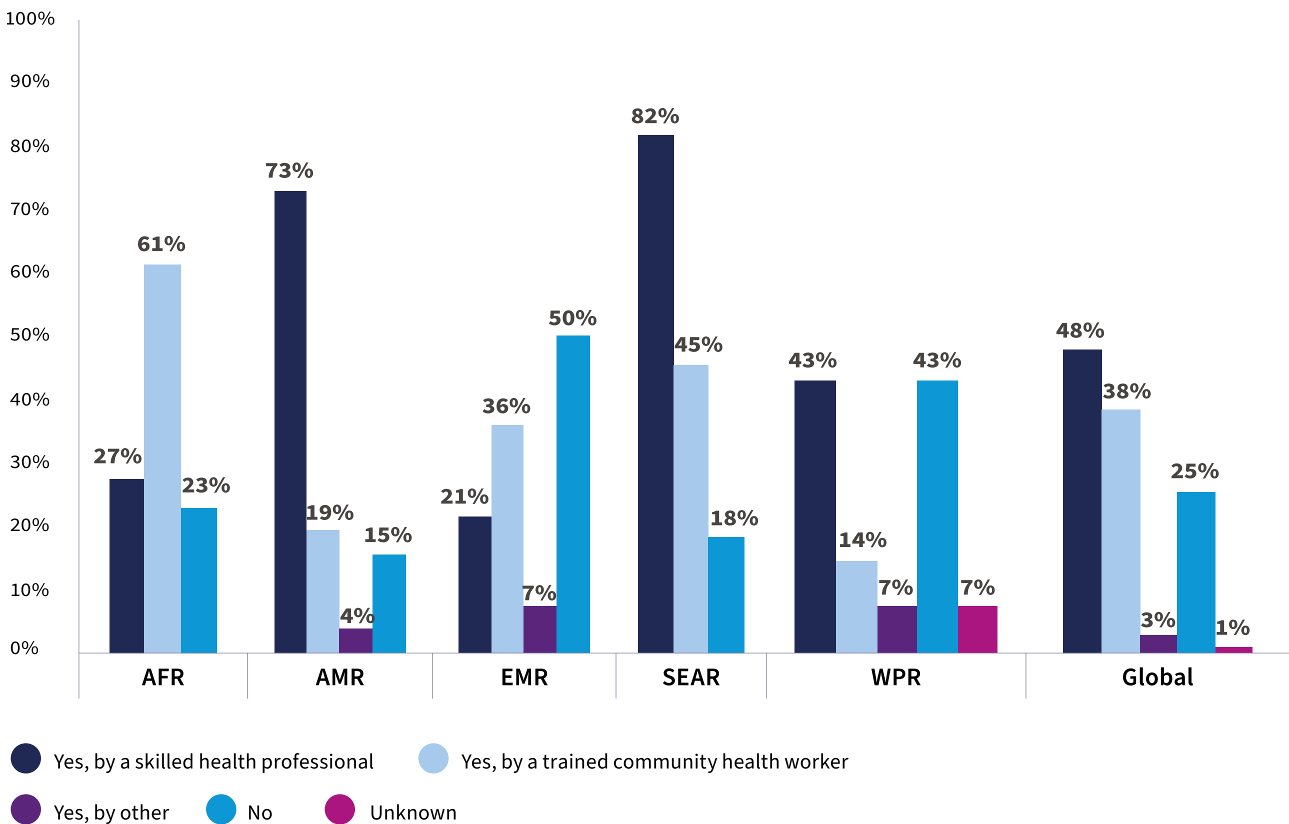
104 Member States reported on this (2023 survey: MN_28). To standardize the original responses for analysis, the original responses were categorized into groups (1–3 contacts; 4–6 contacts; 7–10 contacts) to understand the recommended number of routine postnatal care contacts

5.5.4 Availability of national policies/guidelines on home visits for postnatal contact during first week after birth

Around three quarters of all responding countries have national policies/guidelines that recommend a home visit for the first postnatal contact during the first week of birth. The home visit is done by a skilled health professional or a trained CHW in 48% and 38% of responding countries, respectively (Fig. 26), which aligns with WHO guidance *(22)*. Most responding countries in the Region of the Americas (73%) and in the South-East Asia Region (82%) recommend skilled health professionals, whereas most responding countries in the African Region (61%) recommend trained CHWs.

Among the quarter of all responding countries that do not recommend a home visit during the first week after birth, the proportions range from 15% of responding countries in the Region of the Americas to 50% of responding countries in the Eastern Mediterranean Region (Fig. 26).

Fig. 26. National policy/guideline recommends a home visit for the postnatal contact during the first week after birth, by WHO region, as reported in 2023 WHO SRMNCAH policy survey



115 Member States reported on this (2023 survey: MN_31).

5.5.5 Availability of national policies/guidelines on postnatal care for the woman and baby and newborn screening

Quality postnatal care includes postpartum family planning counselling; integration of services, such as for HIV, tuberculosis, and malaria; screening mothers for anxiety and depression; and newborn screening. Overall, most (96%) responding countries have national policies/guidelines that include postpartum family planning counselling, a WHO-recommended practice *(22)*. Eighty-three per cent of responding countries include integrated delivery of services during postnatal care, including HIV, tuberculosis, and/or malaria. As with all points along the SRMNCAH care continuum, postnatal care is a key access point to the wider health system for women and their babies. Integration of services for HIV, tuberculosis, and malaria into postnatal care can greatly increase coverage of prevention, care, and treatment for these three priority diseases *(22)*.

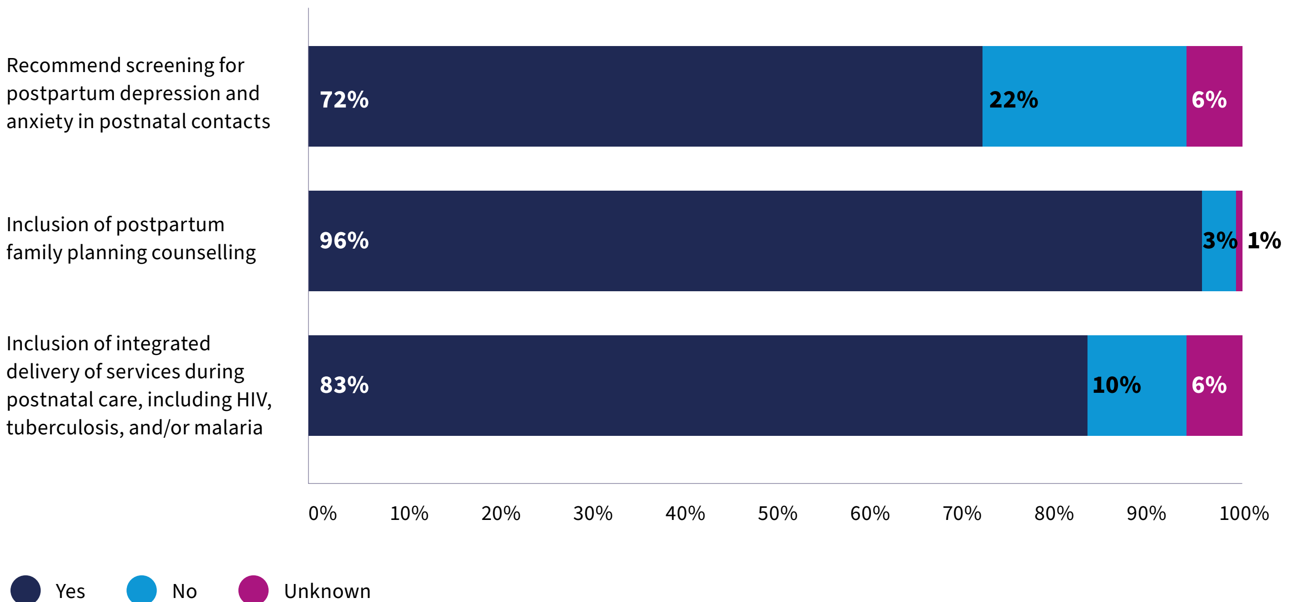
Depression and anxiety during the postpartum period are leading causes of disability in women. In the updated 2022 guideline on postnatal care, WHO recommends screening for postpartum depression and anxiety using a validated instrument, together with diagnostic and management services for women who screen positive *(22)*. In 72% of responding countries, national policies/guidelines recommend screening for depression and anxiety (Fig. 27).

Newborn screening can help detect serious and disabling conditions as early as possible. Physical examination of all newborn infants by trained primary health care practitioners is feasible in most health systems and allows the identification and referral of children with many congenital anomalies, including cardiovascular defects *(23)*.

Almost 70% of responding countries have a policy on screening for congenital heart defects, which carry a high risk of early mortality. Sixty-three per cent of responding countries have policy/guidance on screening for metabolic disorders, many of can be detected using a few drops of the baby's blood.

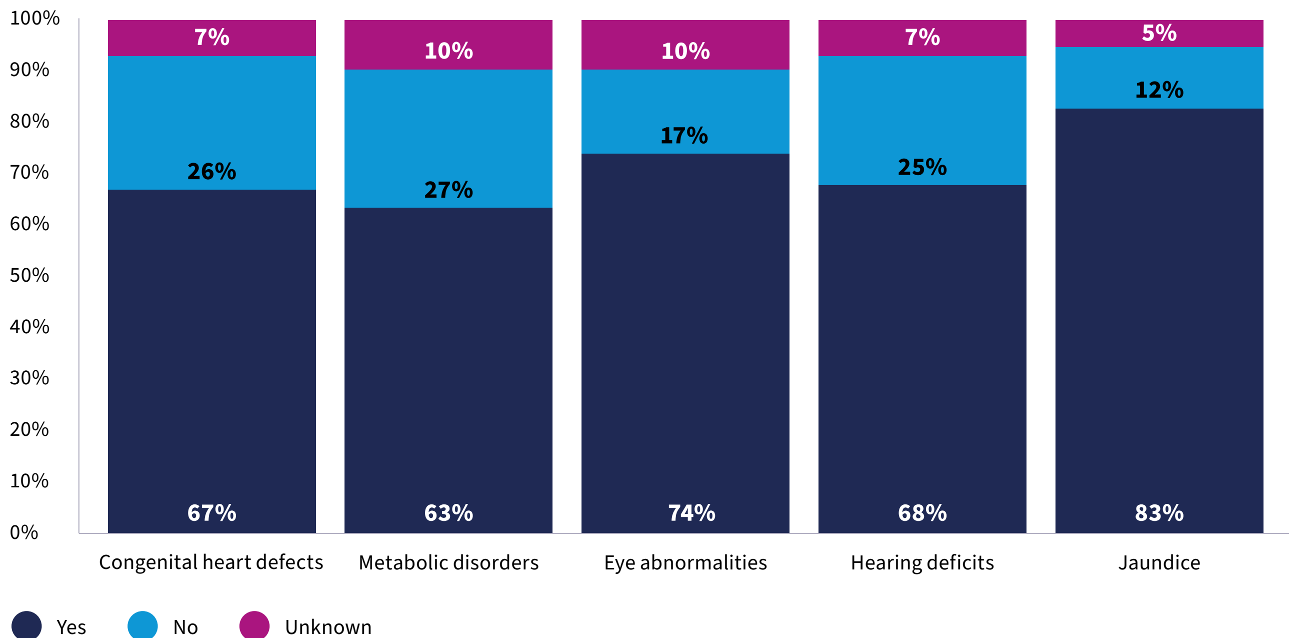
In the updated 2022 guidance on postnatal care, WHO recommends universal newborn screening for eye abnormalities, hearing deficits, and jaundice *(22)*. Eighty-three per cent of responding countries have a recommendation on screening for jaundice; 74% have national policies/guidelines on screening for sight and 68% for hearing impairments (Fig. 28).

Fig. 27. Specified interventions recommended in national policy/guideline on postnatal care, as reported in 2023 WHO SRMNCAH policy survey



115 Member States reported on this (2023 survey: MN_32 to MN_34).
See also Annex 3.

Fig. 28. Newborn conditions for which national policy/guideline recommends screening, as reported in 2023 WHO SRMNCAH policy survey



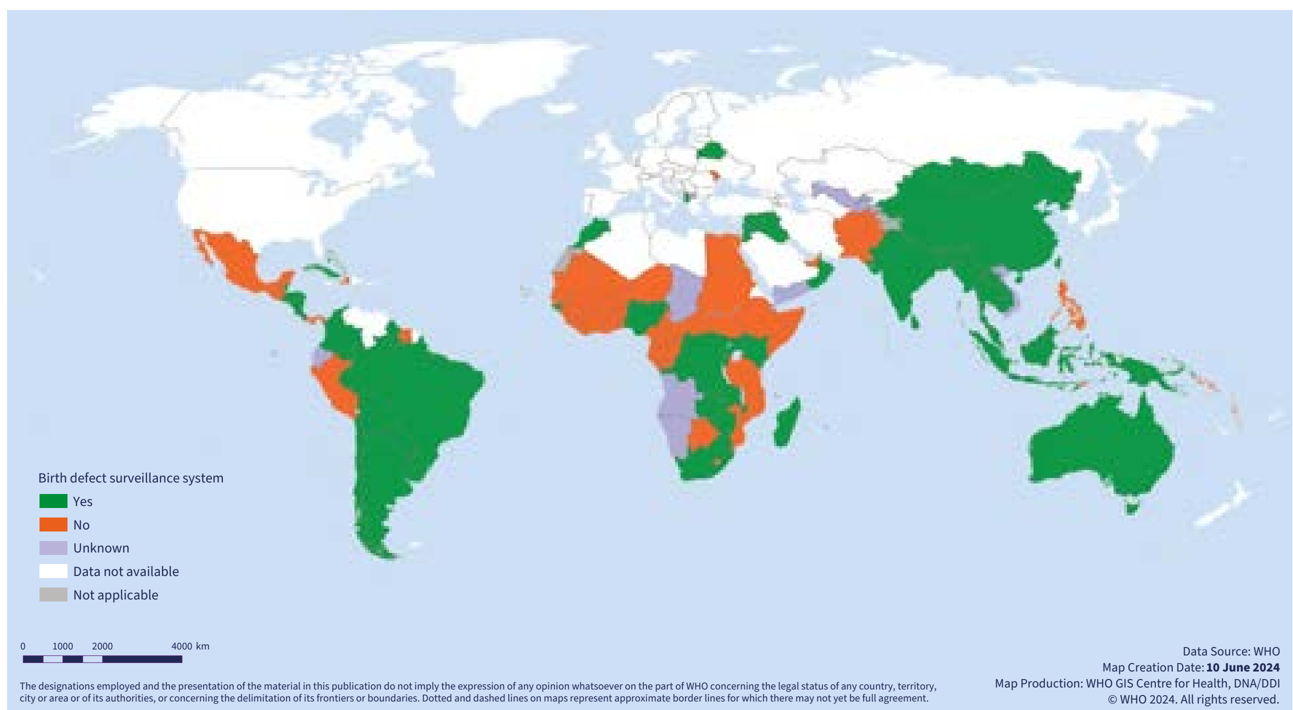
115 Member States reported on this (2023 survey: MN_35_a to MN_35_e).

See also Annex 3.

5.5.6 Availability of national birth defect surveillance systems

Since congenital anomalies are largely preventable, population-based surveillance is essential so that countries can plan both quality services for affected infants and their families and programmes aimed at reducing the occurrence. Only half of all responding countries overall report having a birth defect surveillance system, while 37% of responding countries report they do not (Fig. 29).

Fig. 29. Birth defect surveillance system exists in the country, as reported in the 2023 WHO SRMNCAH policy survey



115 Member States reported on this (2023 survey: MN_36).

See also Annex 3.

5.6 Availability and components of national policies/guidelines on the care of small and sick newborns

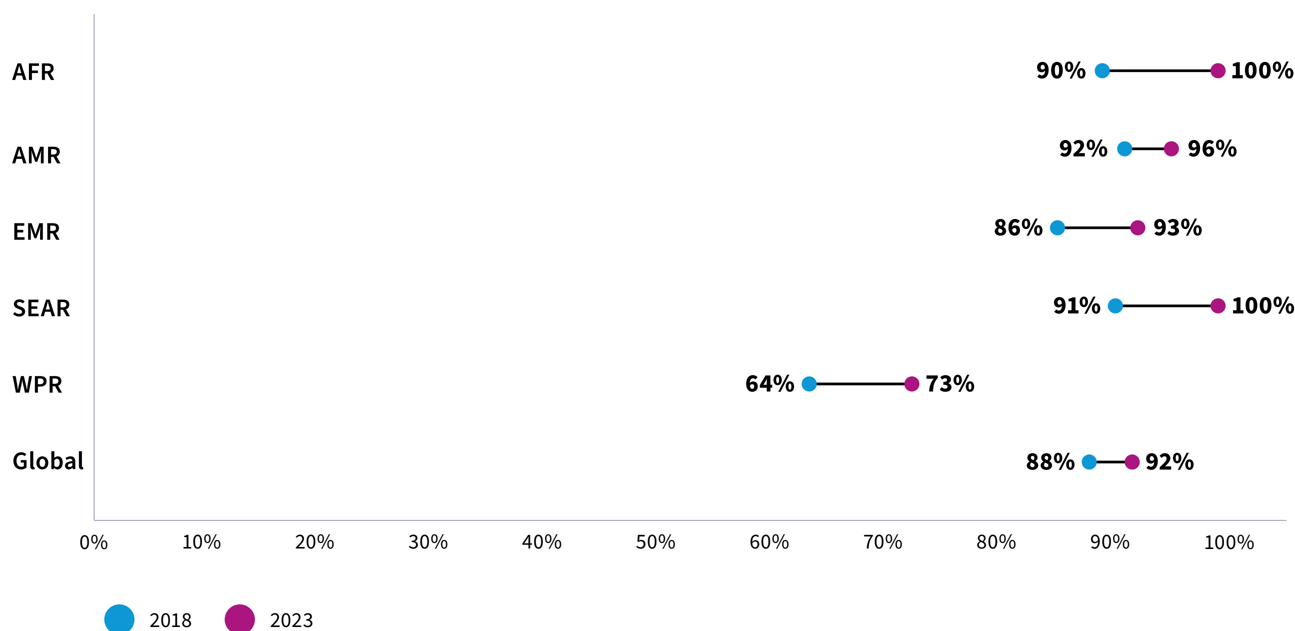
Small and sick newborns include newborns who are born preterm (less than 37 weeks) or with low birth weight (less than 2500 g) together with newborns who become sick with any medical or surgical condition. Small and sick newborns are at increased risk of a range of complications and of developmental disabilities.

5.6.1 Availability and components of national policies/guidelines on the management of low-birth-weight and preterm newborns

Among countries that reported in the 2018–2019 and 2023 WHO SRMNCAH policy survey rounds, the overall proportion with national policies/guidelines on the management of low-birth-weight and preterm newborns increased slightly from 88% to 92% (Fig. 30). The changes by region were mixed. Regions with between-survey increases were: from 90% to 100% in the African Region, from 86% to 93% in the Eastern Mediterranean Region, and from 64% to 73% in the Western Pacific Region. Regions with between-survey decreases were from 96% in 2018–2019 to 92% in 2023 in the Region of the Americas and from 100% of responding countries in 2018–2019 to 91% in 2023 in the South-East Asia Region (Fig. 30).

Kangaroo mother care of preterm or low-birth-weight newborns involves continuous and prolonged (8–24 hours per day, for as many hours as possible) skin-to-skin contact, with support for exclusive breastmilk feeding. WHO recommends kangaroo mother care as routine care for all preterm or low-birth-weight infants, which can be initiated in the health facility or at home and should be given for at least 8 hours per day (as many hours as possible) *(22)*. WHO updated guidance also recommends that kangaroo mother care for preterm or low-birth-weight infants should be started as soon as possible after birth *(22)*. This recommendation reflects evidence that starting kangaroo mother care immediately after birth significantly improves infant survival *(24)*.

Fig. 30. National policy/guideline on management of low-birth-weight and preterm newborns, by WHO region, as reported in 2018–2019 and 2023 WHO SRMNCAH policy surveys

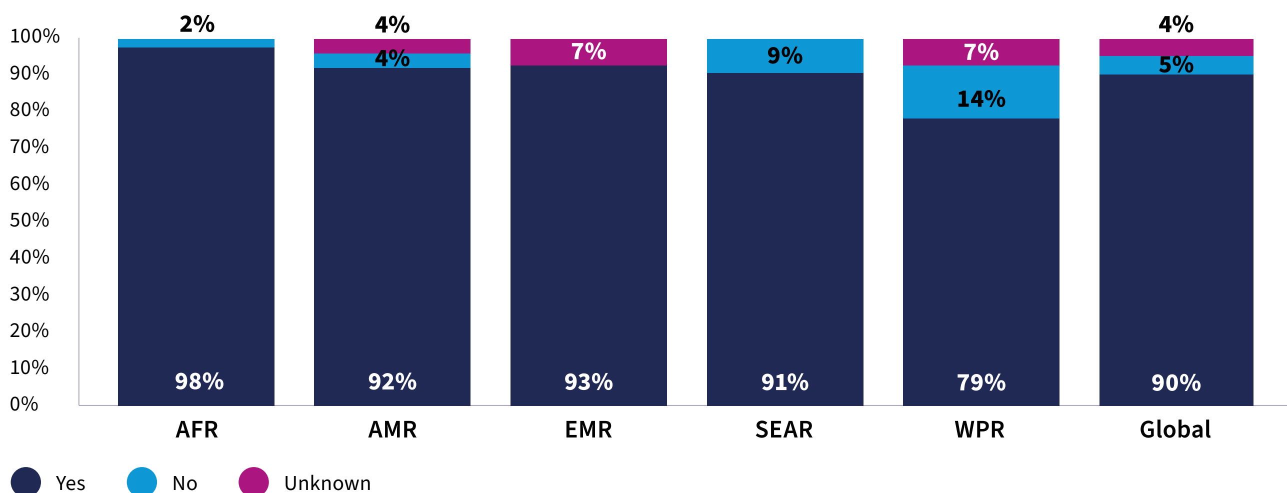


Calculated among Member States that completed both survey rounds (n=104 Member States) and reported on this (2018–2019 survey: MN_49; 2023 survey: MN_39).

Ninety per cent of responding countries overall have national policies/guidelines that recommend feeding preterm/low-birth-weight newborns breastmilk (Fig. 31). Overall, 82% of responding countries have national policies/guidelines that recommend kangaroo mother care for clinically stable newborns weighing 2000 g or less at birth at health facilities (Fig. 32). A significantly lower portion (53%) of national policies/guidelines recommend support for starting kangaroo mother care at home for low-birth-weight babies born at home or discharged without kangaroo mother care, who do not need care in a newborn care unit (Fig. 32).

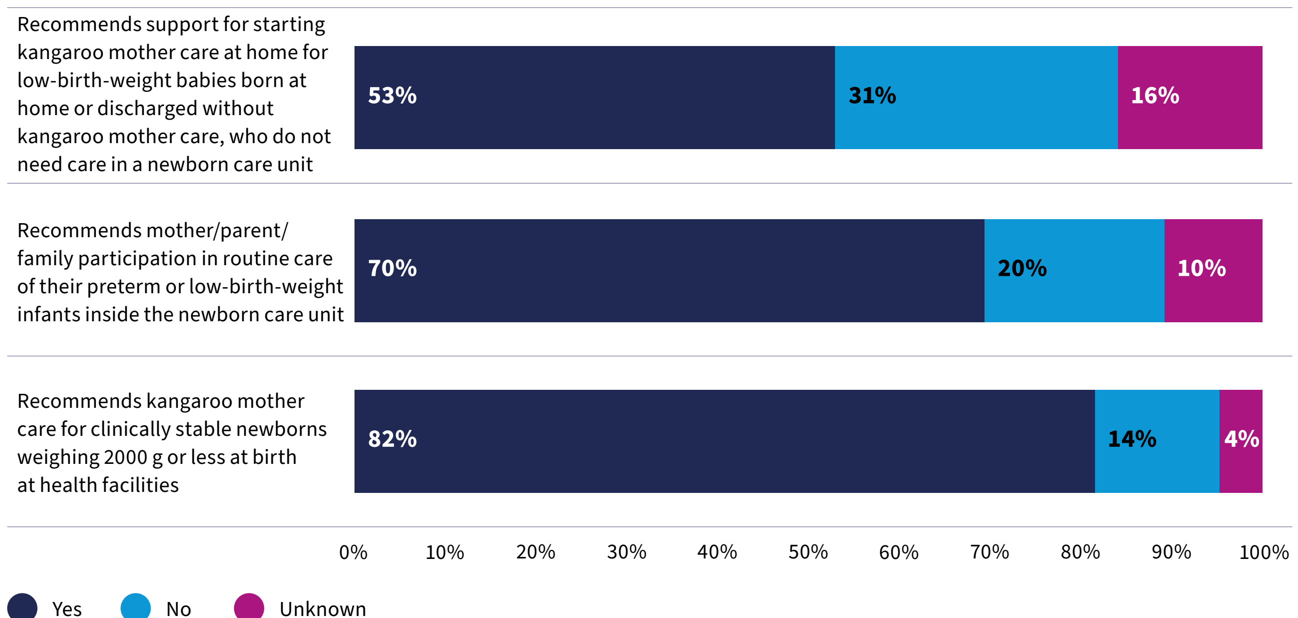
Parents and caregivers of small and sick newborns often feel excluded from involvement in the care of their small or sick newborn because of distance from home and family, lack of communication with staff, and fear of technology (25). Seventy per cent of responding countries have a national policy/guideline that recommends mother, parent, or family participation in routine care of their preterm or low-birth-weight infant inside the newborn care unit (Fig. 32).

Fig. 31. National policy/guideline that recommends preterm/low-birth-weight newborns, including those with very low birth weight, should be fed breastmilk, by WHO region, as reported in 2023 WHO SRMNCAH policy survey



115 Member States reported on this (2023 survey: MN_40).

Fig. 32. National policies/guidelines on care for preterm/low-birth-weight newborns, as reported in the 2023 WHO SRMNCAH policy survey



115 Member States reported on this (2023 survey: MN_42, MN_44, MN_45).

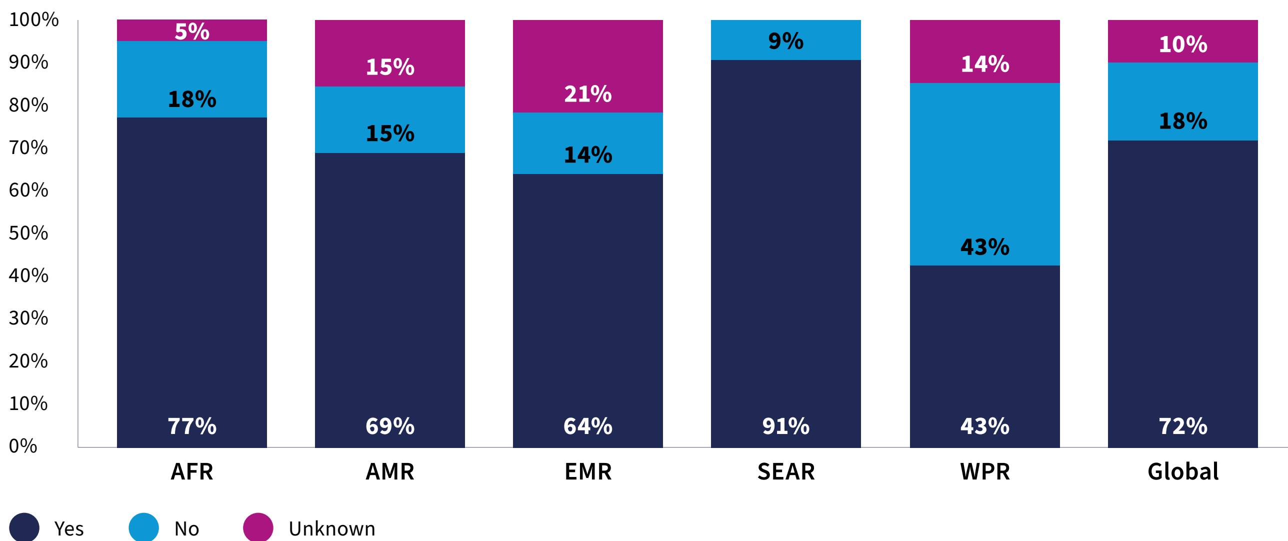
See also Annex 3.

5.6.2 Availability of national standards on management of newborns with severe illness

CPAP is the recommended intervention for respiratory distress syndrome, which is a major cause of morbidity and mortality in preterm infants *(25)*. Overall, 72% of responding countries have national policies/guidelines recommending CPAP as the primary means of respiratory support for preterm infants in respiratory distress but proportions vary considerably by region (Fig. 33).

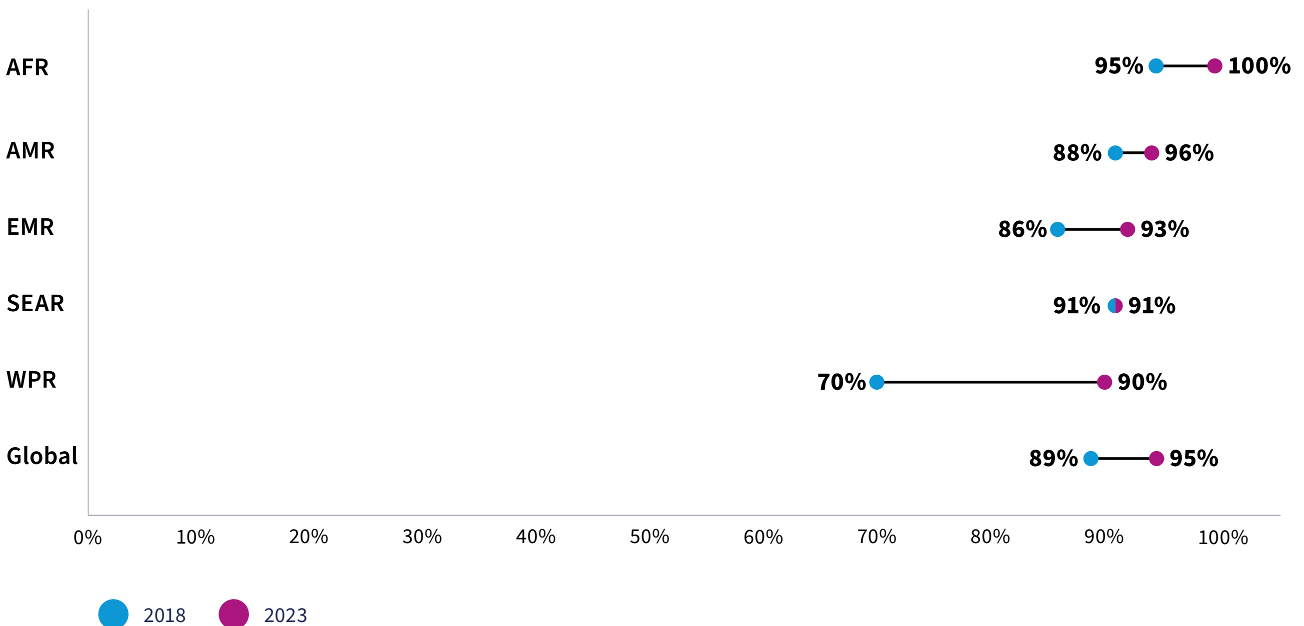
Among countries responding to both WHO SRMNCAH policy survey rounds, availability of national policies/guidelines for the management of newborn infants with severe illness is high, rising from 89% in 2018–2019 to 95% in 2023. This reflects an increase or no change in all regions apart from the Eastern Mediterranean Region, where the proportion of responding countries that reported having such national policies/guidelines decreased from 93% in 2018–2019 to 86% in 2023 (Fig. 34).

Fig. 33. National policy/guideline that recommends CPAP as the primary means of respiratory support for preterm infants with respiratory distress



115 Member States reported on this (2023 survey: MN_46).
CPAP: continuous positive airway pressure.

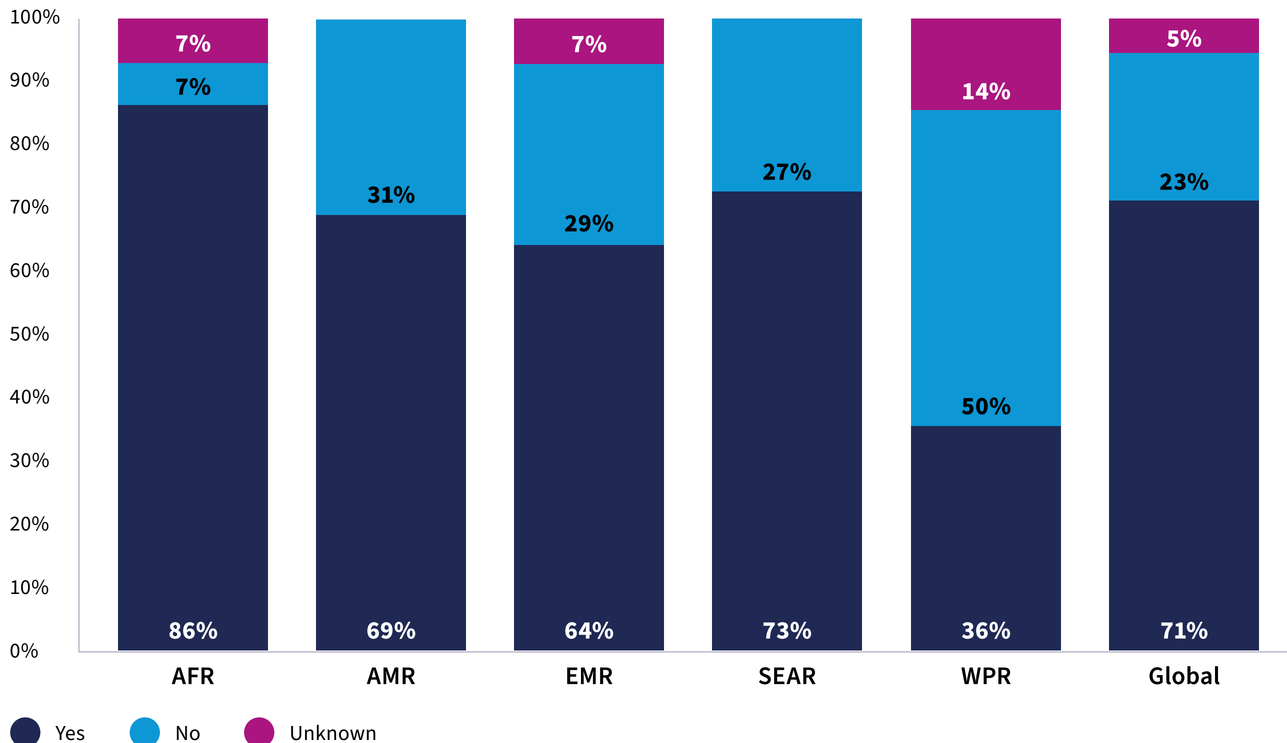
Fig. 34. National policies/guidelines for the management of newborn infants with severe illness, by WHO region, as reported in 2018–2019 and 2023 WHO SRMNCAH policy surveys



Calculated among Member States that completed both survey rounds (n=103 Member States) and reported on this (2018–2019 survey: MN_55; 2023 survey: MN_47).

Prompt identification and treatment of sick young infants having signs of possible serious bacterial infection is essential to reduce mortality and morbidity. While the WHO reference standard is referral for inpatient care, this may not be accessible, acceptable, or affordable to families. Enabling these infants to access effective simplified treatment regimens at first-level health facilities is essential (26). Overall, 71% of responding countries have a national policy/guideline for treating young infants (0–59 days) with a possible serious bacterial infection at a primary health facility when referral is not feasible. The proportions by region vary from 86% of responding countries in the African Region to 36% of those in the Western Pacific Region) (Fig. 35).

Fig. 35. National policy/guideline for treatment of young infants (aged 0–59 days) with possible serious bacterial infection at primary health facility when referral is not feasible, by WHO region, as reported in 2023 WHO SRMNCAH policy survey



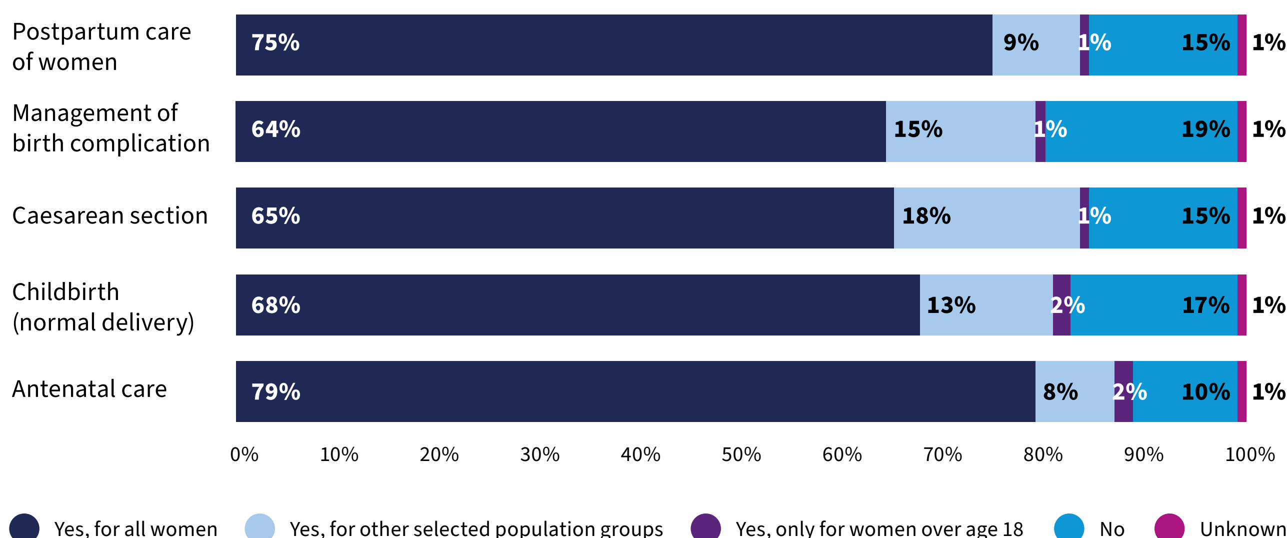
115 Member States reported on this (2023 survey: MN_48).

5.7 Availability of national policies exempting user fees for services in the public sector for mothers and newborns

The national policies of at least three quarters of responding countries specify that antenatal care (79%) and postpartum care (75%) in the public sector are exempt from user fees for all women of reproductive age (15–49 years). Lower proportions of responding countries report having national policies/guidelines that normal delivery (68%), caesarean section (65%), and management of birth complications (64%) in the public sector are exempt from user fees for all women of reproductive age (Fig. 36).

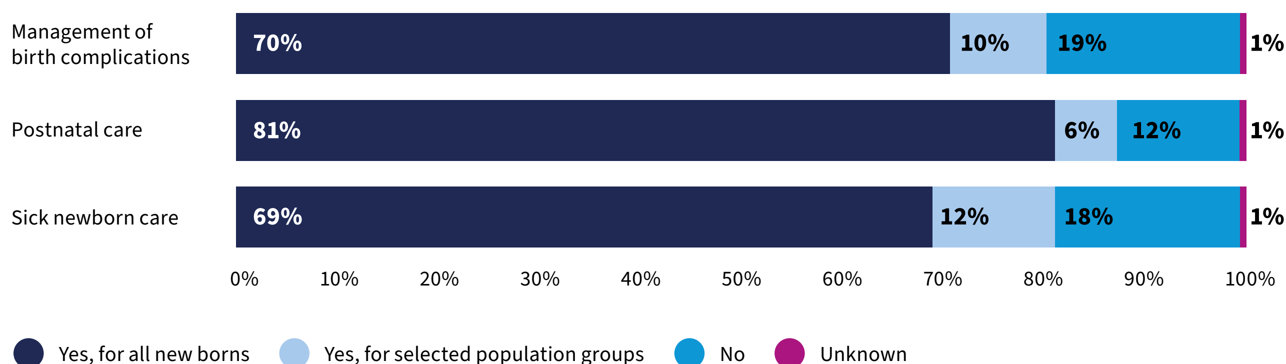
The national policies/guidelines of similar proportions of responding countries exempt management of birth complications (70%), postnatal care (81%), and sick newborn care (69%) in the public sector are exempt from user fees for all newborns (Fig. 37).

Fig. 36. Specified health services to be provided free of charge in public sector for women of reproductive age per national policy, as reported in the 2023 WHO SRMNCAH policy survey



115 Member States reported on this (2023 survey: CC_22_b to CC_22_f).
See also Annex 3

Fig. 37. Specified health services to be provided free of charge at point of care in public sector for newborns per national policy, as reported in the 2023 WHO SRMNCAH policy survey



115 Member States reported on this (2023 survey: CC_23_a to CC_23_c).
See also Annex 3.

5.8 Availability of national policies/guidelines on the education of midwifery care providers

Fully educated, licensed and integrated midwives supported by interdisciplinary teams and an enabling environment can deliver about 90% of essential SRMNCAH interventions across the life course, yet they account for less than 10% of the global SRMNCAH workforce *(27)*. A high proportion (85%) of all responding countries have national policies/guidelines on education for midwifery care providers that include competencies in pre-pregnancy and antenatal care, care during labour and birth, and ongoing care of women and newborns. This ranges by region from 100% of South-East Asia Region responding countries to 73% in the Region of the Americas.

Nursing and midwifery education are often combined. This can render midwifery skills education and training invisible in policy. Where midwifery is considered a subsidiary of nursing, midwives' professional autonomy can be reduced, which can lead to a reduced quality of care *(27)*. Overall, three quarters of responding countries have national policies recognizing midwives as a distinct occupational group, from 93% of responding countries in the Eastern Mediterranean Region to 62% of responding countries in the Region of the Americas (Fig. 38).

Fig. 38. National policies/guidelines on midwifery, by WHO region, as reported in 2023 WHO SRMNCAH policy survey

Region	Policy	Yes	No	Unknown
AFR	National policy/guideline on education of midwifery care providers	91%	9%	
	National policy recognizing midwives as a distinct occupational group[a]	80%	14%	7%
AMR	National policy/guideline on education of midwifery care providers	73%	27%	
	National policy recognizing midwives as a distinct occupational group	62%	35%	4%
EMR	National policy/guideline on education of midwifery care providers	93%	7%	
	National policy recognizing midwives as a distinct occupational group	93%	7%	
SEAR	National policy/guideline on education of midwifery care providers	100%		
	National policy recognizing midwives as a distinct occupational group	82%	18%	
WPR	National policy/guideline on education of midwifery care providers	79%	14%	7%
	National policy recognizing midwives as a distinct occupational group	64%	21%	14%
Global	National policy/guideline on education of midwifery care providers	85%	13%	2%
	National policy recognizing midwives as a distinct occupational group	75%	19%	6%

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

Yes No Unknown

115 Member States reported on this (2023 survey: MN_51, MN_52).

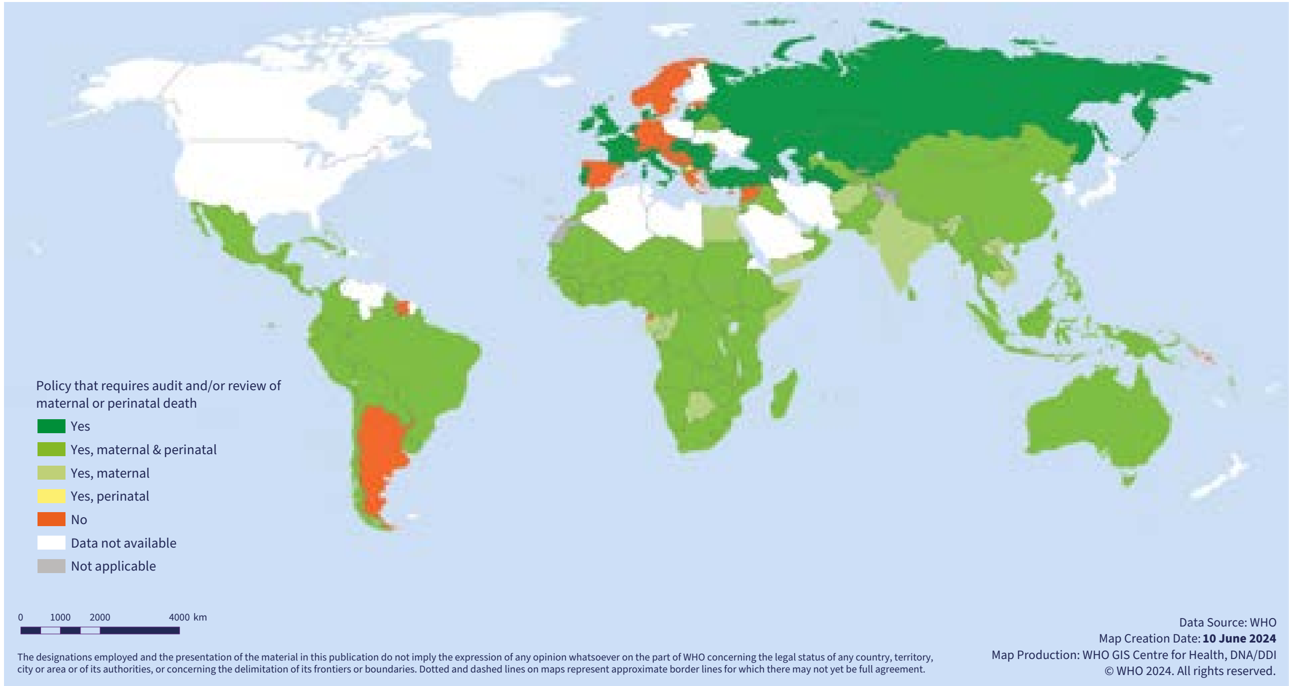
[a] Due to rounding, the total displayed here appears as over 100%.

5.9 Availability of national policies/guidelines/laws on maternal or perinatal death surveillance and response

Accurate data on the modifiable factors contributing to preventable maternal and perinatal deaths are critical to guide policies and practices aimed at preventing similar deaths in the future. WHO guidance includes practical guidance on maternal and neonatal death and stillbirth reviews including establishing a response mechanism to drive change in practice and outcomes *(28)*.

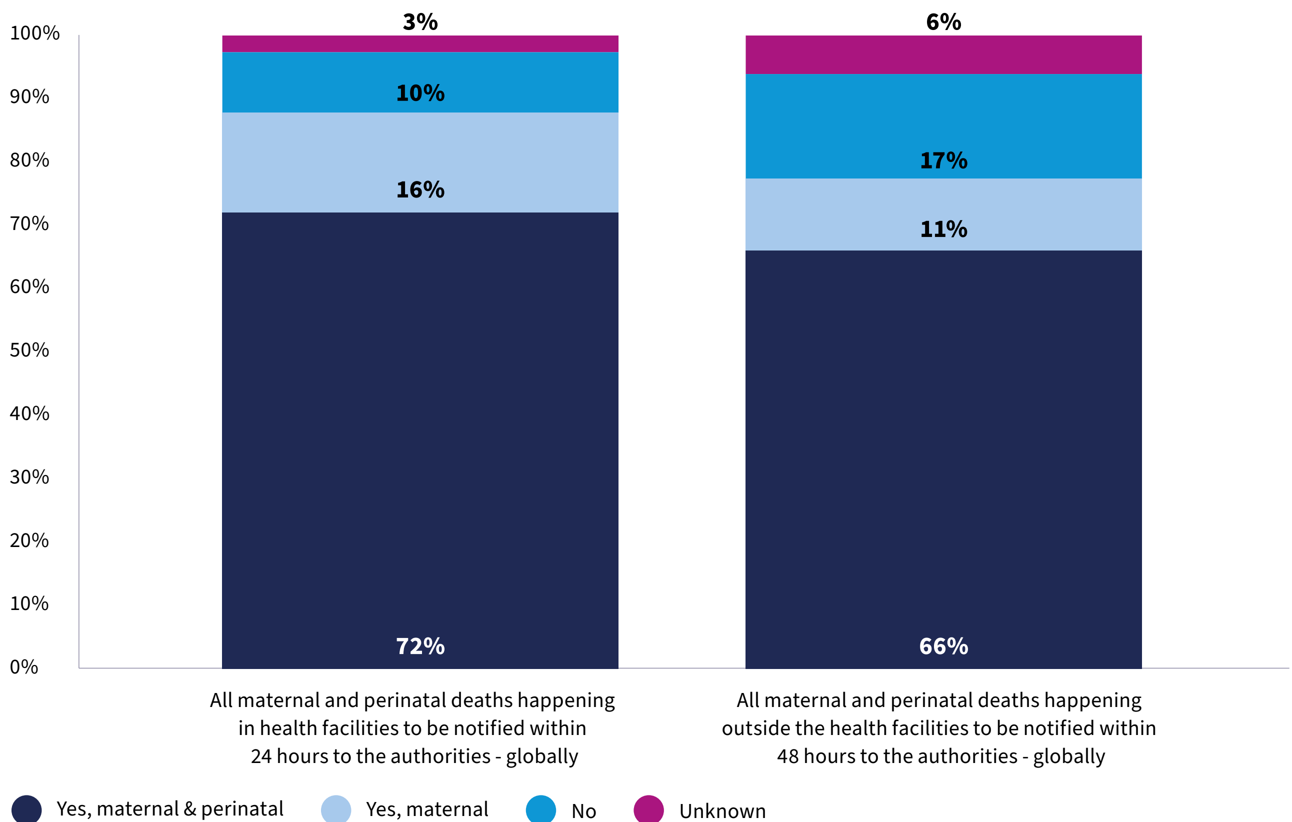
Sixty per cent of responding countries report having a policy/guideline/law that requires the audit and/or review of both maternal and perinatal deaths. A smaller proportion of responding countries reported that their national policies/guidelines/laws require audit/review of only maternal (10%) deaths required audit/review (Fig. 39). Seventy-two per cent of responding countries have a policy/guideline/law that requires both maternal and perinatal deaths in health facilities to be notified to authorities within 24 hours; national policies/guidelines/laws in 16% of responding countries require only maternal deaths to be notified in this time period. Sixty-six per cent of responding countries reported that their national policy/guideline/law requires such deaths outside health facilities to be notified within 48 hours; 11% require only maternal death to be notified in this time period (Fig. 40).

Fig. 39. National policy/guideline/law that requires audit and/or review of maternal or perinatal death, as reported in 2023 WHO SRMNCAH policy survey and 2021 European action plan for sexual and reproductive health survey



153 Member States reported on this (2023 WHO SRMNCAH policy survey (MN_54) and 2021 European action plan for sexual and reproductive health survey (Q48)).
See also Table 3.

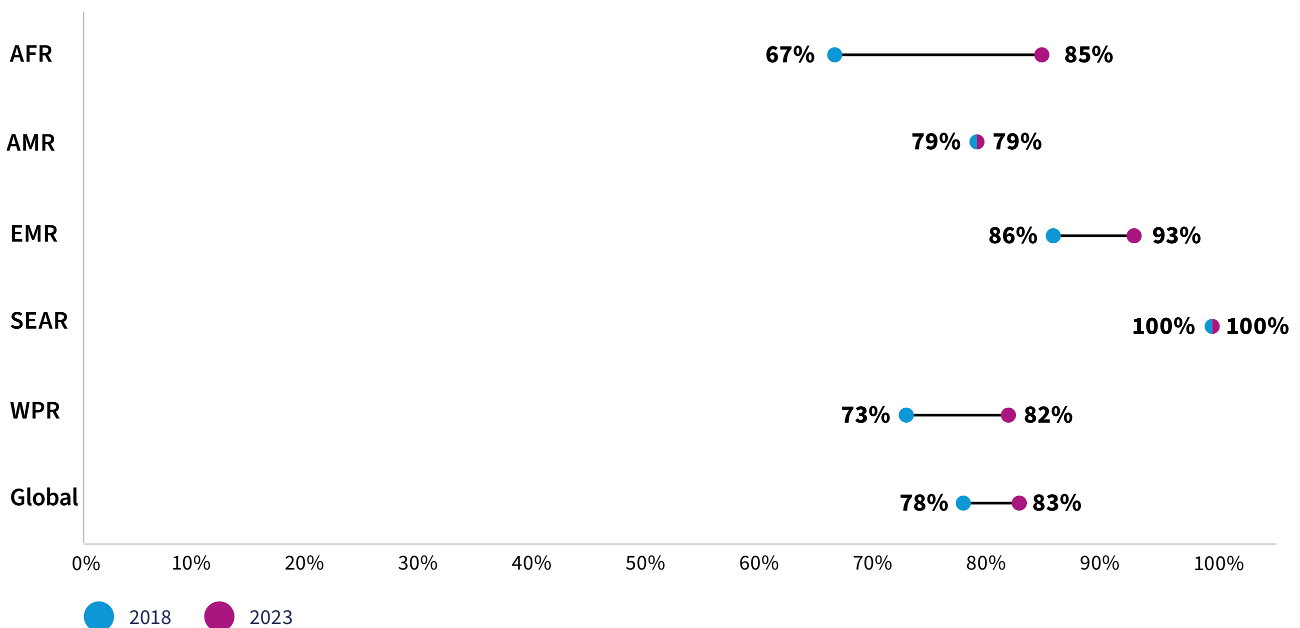
Fig. 40. National policy/guideline/law requiring maternal and perinatal deaths to be notified to a central authority, as reported in 2023 WHO SRMNCAH policy survey



115 Member States reported on this (2023 survey: MN_55, MN_56).
See also Annex 3.

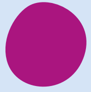
In the 2018–2019 and 2023 WHO SRMNCAH policy survey rounds, countries reported on the existence of national policies/guidelines/laws requiring classification of the causes of maternal deaths according to *the WHO application of ICD-10 to deaths during pregnancy, childbirth and puerperium: ICD-MM (29)*. Among countries reporting in both WHO SRMNCAH policy survey rounds there has been a small increase the proportion with national policies/guidelines/laws requiring ICD-MM classification of maternal deaths (from 78% in 2018–2019 to 83% in 2023) (Fig. 41). However, this apparent global improvement has been driven entirely by the responding countries of the African Region, where the proportion of responding countries with this requirement increased from 67% in 2018–2019 to 85% in 2023. By contrast, the proportions of responding countries in the other surveyed regions decreased or remained unchanged (Region of the Americas: 79% in both years; Eastern Mediterranean Region: 93% in 2018–2019 to 86% in 2023; South-East Asia Region: 100% in both years; and Western Pacific Region: 82% to 73%) (Fig. 41).

Fig. 41. National policy/guideline requiring classification of the causes of maternal deaths according to the ICD-MM, by WHO region, as reported in 2018–2019 and 2023 WHO SRMNCAH policy surveys



Calculated among Member States that completed both survey rounds (n=104 Member States) and reported on this (2018–2019 survey: MN_82; 2023 survey: MN_58).

ICD-MM: WHO application of ICD-10 to deaths during pregnancy, childbirth and puerperium.



Chapter 6

Child health

6. Child health

Estimates of global mortality among children under 5 years declined from 76 per 1000 live births in 2000 to 37 per 1000 live births in 2022 *(4)*. Accelerated progress is needed to achieve the SDG target 3.2 of reducing mortality of children under 5 years to 25 or fewer deaths per 1000 live births by 2030. Apart from conditions related to neonatal mortality, infectious diseases cause most deaths among younger children globally. Acute respiratory infections (pneumonia), malaria, and diarrhoea were respectively responsible for 14%, 12%, and 9% of deaths in children younger than 5 years in 2022 *(4)*.

The pivoting of the global health agenda towards a life-course approach has renewed focus on the health and well-being of older children aged 5–9 years. An estimated 460 000 deaths occurred in this age group in 2022 *(30)*. Although this represents almost half the number of deaths in children aged 5–9 years in the year 2000, the proportion of deaths in this age group caused by pneumonia, malaria, and diarrhoea combined has remained virtually unchanged at nearly 30% in the past two decades *(31)*.

6.1 Key points on availability of national policies/guidelines/laws on child health

Table 4 summarizes the availability of selected policies/guidelines/laws. By region, the numbers of responding countries (that is, the denominators) were: African Region: 44 countries; Region of the Americas: 26 countries; Eastern Mediterranean Region: 14 countries; South-East Asia Region: 11 countries; and Western Pacific Region: 14 countries. Caution is therefore needed in interpreting these data since the relatively low number of responding countries in certain regions means these results cannot be considered representative.

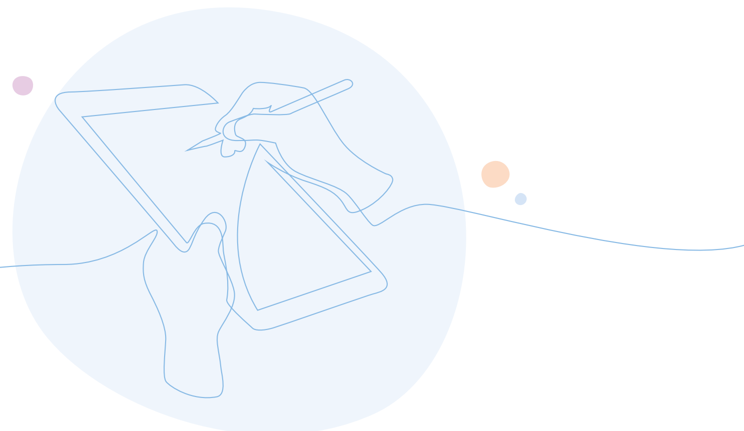


Table 4. Summary of availability of selected policies/guidelines/laws on child health, by WHO region and World Bank income group, as reported in 2023 WHO SRMNCAH policy survey

	Global (%)	AFR (%)	AMR (%)	EMR (%)	SEAR (%)	WPR (%)	LIC (%)	LMC (%)	UMC (%)	HIC (%)
Strategic plan for child health (n=115)	69.6	75	65.4	57.1	72.7	71.4	79.2	71.7	59.4	75
National policy/guideline on the management of childhood pneumonia for children aged 2–59 months (n=115)	88.7	93.2	76.9	100	100	71.4	100	97.8	78.1	58.3
National policy/guideline on the management of childhood pneumonia for children aged 5–9 years (n=115)	62.6	72.7	57.7	35.7	63.6	64.3	70.8	69.6	59.4	33.3
National policy/guideline on the management of childhood diarrhoea (for children aged 0–4, 0–9, or 5–9 years)[a] (n=115)	91.3	97.7	84.6	100	100	71.4	100	97.8	84.4	75
National policy/guideline on the management of malaria with recommendations for children (for children aged 0–4, 0–9, or 5–9 years) [a] (n=115)[b]	67	90.9	50	64.3	72.7	50	91.7	80.4	46.9	25
National policy/guideline on the management of hospitalized children (aged 1 month to 9 years) (n=115)	63.5	68.2	57.7	42.9	81.8	57.1	79.2	69.6	53.1	41.7
National clinical standards for the management of children with severe illness in hospitals (n=115)	68.7	77.3	53.8	57.1	81.8	57.1	87.5	76.1	53.1	50
National policy/guideline on early childhood development (n=115)	82.6	75	100	78.6	90.9	78.6	66.7	84.8	90.6	91.7
National coordination mechanism for early childhood development (n=115)	79.1	65.9	96.2	85.7	90.9	71.4	62.5	78.3	93.8	83.3
National policy/guideline on IMCI (n=115)	87	90.9	76.9	100	90.9	71.4	100	95.7	75	66.7
Policy/guideline on iCCM (n=115)	59.1	70.5	50	71.4	72.7	28.6	100	54.3	40.6	50
Policy /guideline for management of childhood illness by trained CHWs (n=115)	66.1	81.8	53.8	57.1	72.7	64.3	100	71.7	46.9	33.3

HIC: high-income country, LIC: low-income country, LMC: lower-middle-income country, UMC: upper-middle-income country.

[a] All response categories beginning with "YES" have been merged into one category (entitled "YES") to match the response categories of the other questions in this chart. For information on this variable by 0–9, 0–4, or 5–9 years age group, see country tables in Annex 2.

[b] Includes 30 countries that answered "not applicable" (i.e. not a malaria-endemic country).

See also Annex 2.

Indicates lowest proportion of Member States reporting existence of policy/guideline/law or highest proportion reporting absence of restrictive aspects of a policy/guideline/law. Indicates low proportion of Member States reporting existence of policy/guideline/law or high proportion reporting absence of restrictive aspects of a policy/guideline/law Indicates intermediate proportion of Member States reporting either existence of policy/guideline/law or absence of restrictive aspects of a policy/guideline/law Indicates high proportion of Member States reporting existence of policy/guideline/law or low proportion reporting absence of prohibitive aspects of a policy/guideline/law Indicates highest proportion of Member States reporting existence of policy/guideline or lowest proportion reporting the absence of restrictive aspects of a policy/guideline/law

- Only seven out of 10 of responding countries overall report having a strategic plan for child health. This is the lowest proportion for strategic plans among the four areas (maternal and newborn, child, adolescent, and sexual and reproductive). The lowest proportions among responding countries are in the Americas (65%) and Eastern Mediterranean (57%) regions.
- Many policy gaps in child health were found across the responding countries, indicating a range of opportunities to strengthen national policies/guidance. Only one policy area – management of diarrhoea – is covered by over 90% of responding countries. By region, the gaps in child health policy are most marked in the Western Pacific Region, where proportions of the

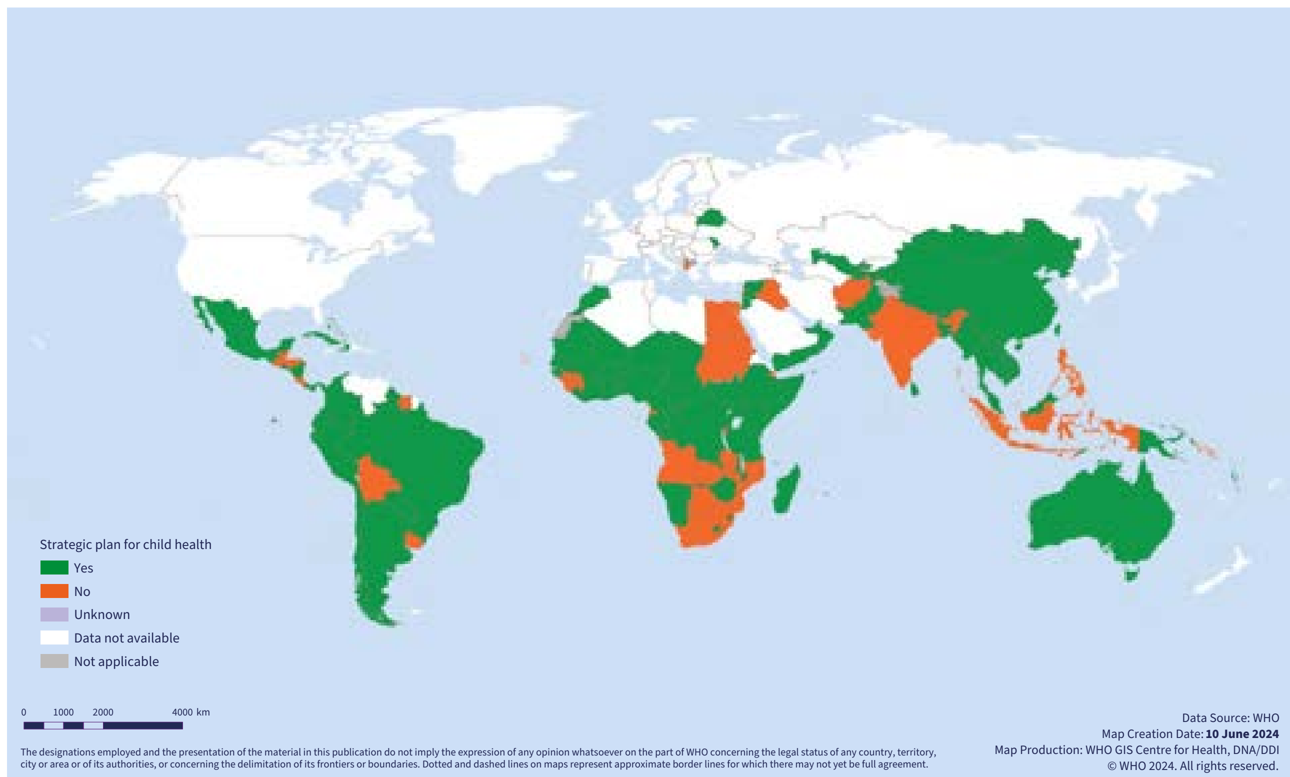
responding countries are consistently low across the policy areas selected.

- Almost all responding countries have policies/guidelines on management of pneumonia for children aged 2–59 months, with the lowest regional proportion being more than 70%. By contrast, the proportions of responding countries by region having policies/guidelines on pneumonia management that cover care of older children are consistently low. The most striking gap is in the Eastern Mediterranean Region, where all responding countries have a policy/guideline for younger children but only 36% have a policy/guideline for children aged 5–9 years.
- Over 80% of responding countries in the South-East Asia Region report having a national policy/guideline on hospital management of children and national clinical standards for children hospitalized with severe illness. By contrast, only 43% of responding countries in the Eastern Mediterranean Region report having a national policy/guideline on the management of hospitalized children.
- Around eight out of 10 of responding countries overall report having a national policy/guideline on early childhood development and a national coordination mechanism, with the highest proportions in the Americas and South-East Asia regions.
- Over 85% of all responding countries have a national policy/guideline on IMCI. Significantly lower proportions of responding countries have a policy/guideline on iCCM or on the management of childhood illness by trained CHWs. The very low proportion (29%) of responding Western Pacific Region countries with an iCCM policy/guideline is notable, although 64% of these responding countries report having a national policy/guideline for the management of childhood illness by trained CHWs.

6.2 Availability of national strategic plan on child health

Of all responding countries 70% have a strategic plan for child health (Fig. 42).

Fig. 42. Strategic plan exists for child health, as reported in 2023 WHO SRMNCAH policy survey



115 Member States reported on this (2023 survey: CH_07).

See also Table 4.

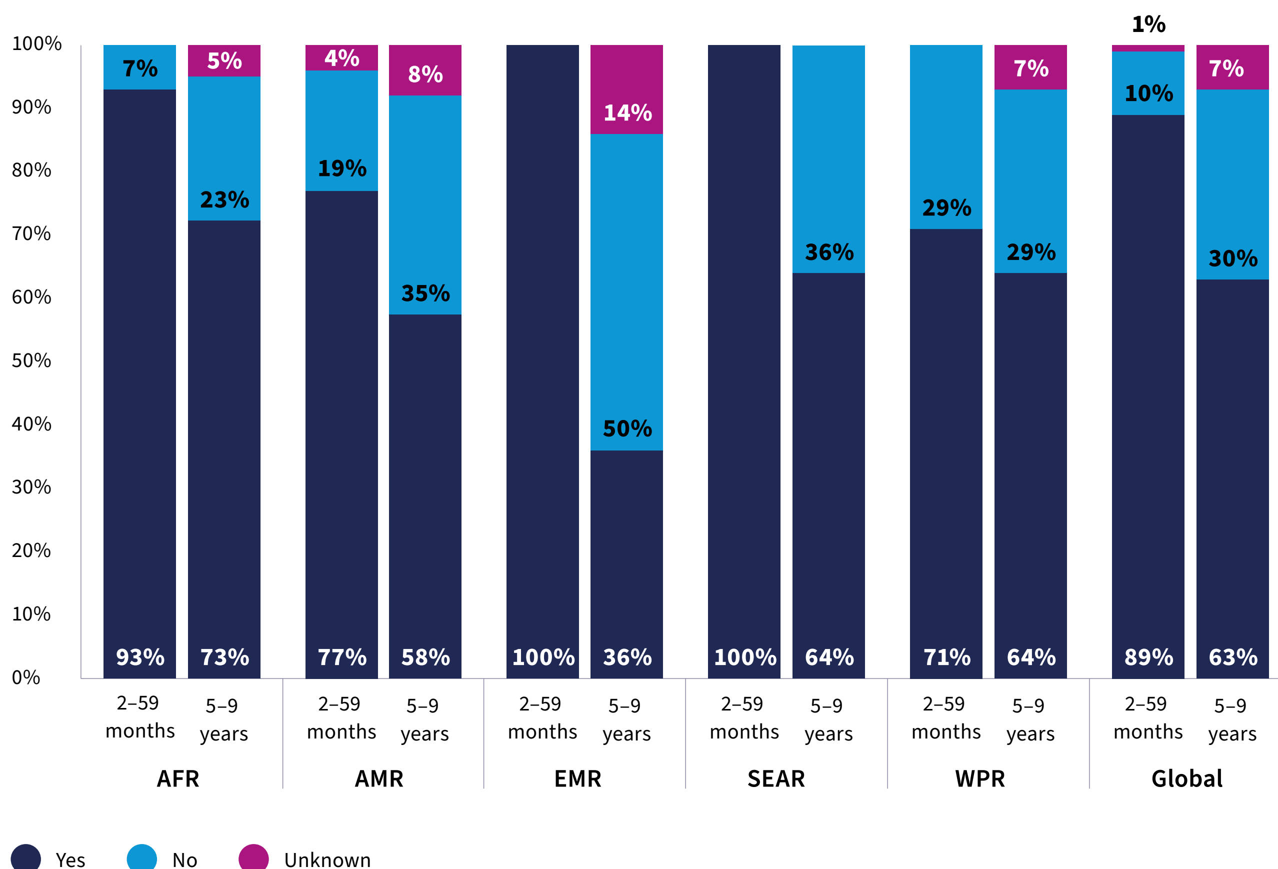
6.3 Availability of national policies/guidelines on management of childhood pneumonia, diarrhoea, and malaria

6.3.1 Availability of national policies/guidelines on management of pneumonia in children

More than 760 000 deaths estimated among children under the age of 9 years in 2021 were caused by pneumonia, of which over 95% were among children aged under 5 years *(31)*. Most (89%) responding countries have a national policy/guideline on the management of childhood pneumonia for children aged 2–59 months; 63% of responding countries have a national policy/guideline for children aged 5–9 years.

In all regions, responding countries more frequently report having such policies/guidelines for children aged 2–59 months than for those aged 5–9 years. Responding countries in the African Region more frequently have national policies/guidelines on childhood pneumonia across both age groups, with 93% including children aged 2–59 months and 73% including children aged 5–9 years. By contrast, the policies/guidelines of 77% and 71% of responding countries in the Americas and Western Pacific regions, respectively, include children aged 2–59 months; 58% and 64%, respectively of responding countries in these regions include children aged 5–9 years. All responding countries of the Eastern Mediterranean and South-East Asia regions report having a national policy/guideline for the younger age group, but only 36% and 64%, respectively have a policy/guideline for the older age group (Fig. 43).

Fig. 43. National policy/guideline on the management of childhood pneumonia for children 2–59 months of age and 5–9 years of age, by WHO region, as reported in 2023 WHO SRMNCAH policy survey



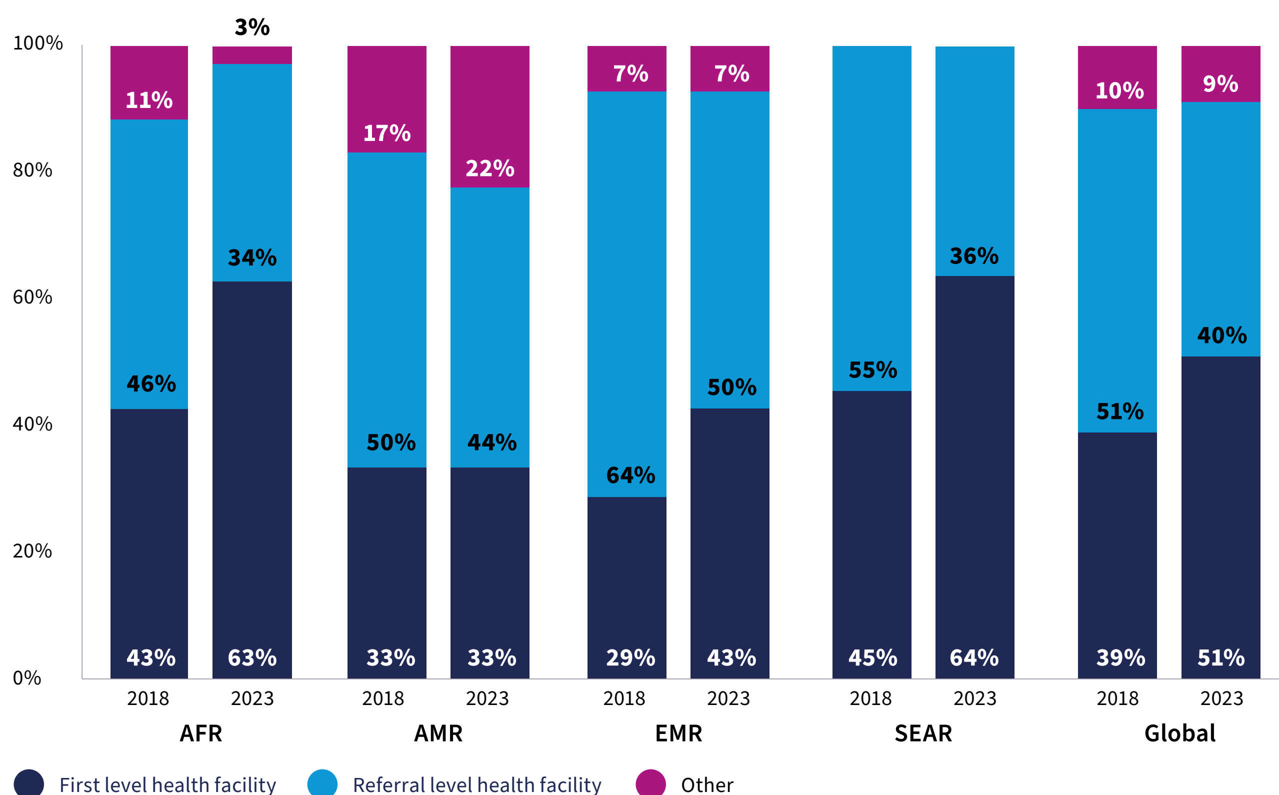
115 Member States reported on this (2023 survey: CH_09, CH_14).

Among responding countries that reported on the existence of national policy/guideline for the management of pneumonia in both WHO SRMNCAH policy survey rounds, the proportion stating that childhood pneumonia with chest in-drawing can be treated at first-level health facilities increased from 39% to 51% between 2018–2019 and 2023 (Fig. 44). Concurrently, there was a decrease in the proportion of responding countries reporting that pneumonia with chest in-drawing is treated in referral level health facilities (51% in 2018–2019 to 40% in 2023). This increase in the percentage of countries whose policies recommend treatment at first-level health facilities, was consistent across all regions, except for the Region of the Americas where there was no change between the 2018-2019 and 2023 surveys. This change appears to accord with WHO 2014 guidance, which introduced a simplified treatment regimen that enables increased access to treatment closer to home, thereby reducing the need for referral to higher-level facilities *(32)*. This WHO guidance recommends that children aged 2–59 months with an acute respiratory infection plus fast breathing and/or chest in-drawing should be treated at home with oral amoxicillin twice daily for five days. In low HIV settings, the regimen can be reduced to three days in children with fast breathing pneumonia but not if chest in-drawing or general danger signs are present. The recommendation for use of oral amoxicillin as the first-line treatment replaced the previous recommendation of oral co-trimoxazole *(32)*.

The recommendations of national policies/guidance on choice of first-line treatment showed mixed alignment with WHO guidance. Between the 2018–2019 WHO SRMNCAH policy survey and 2023 WHO SRMNCAH policy survey, the proportion of responding countries reporting a national policy/guideline of amoxicillin as the first-line treatment for pneumonia with fast breathing remained around the same (87% and 86%, respectively); the proportion reporting amoxicillin as the first-line treatment for pneumonia with chest in-drawing decreased from 79% to 71% (Fig. 45).

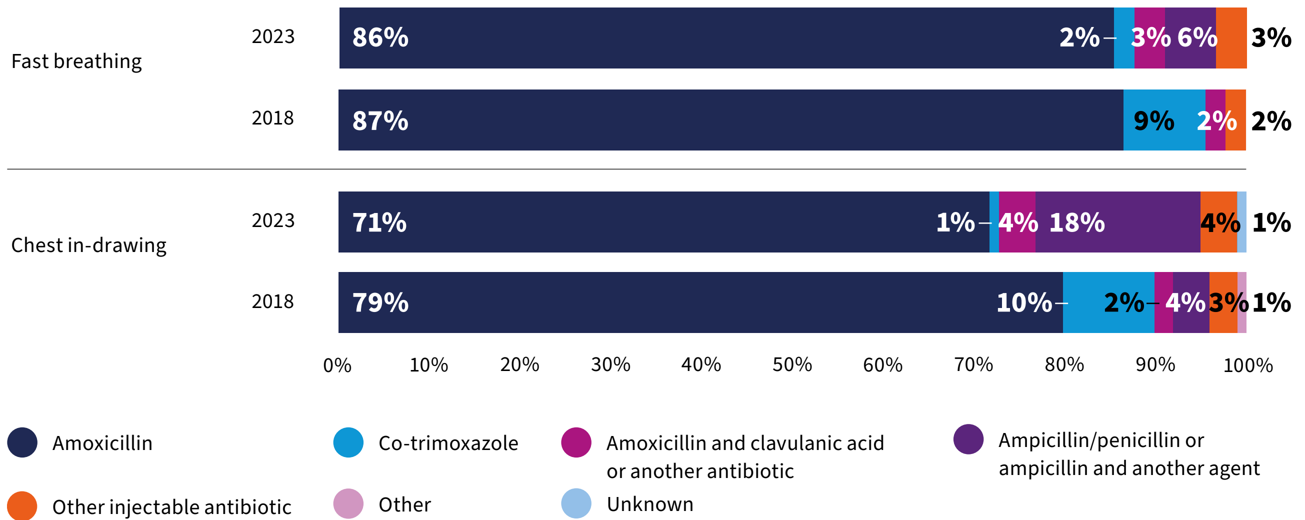
There were also between-survey changes to other recommended first-line treatments. For pneumonia with fast breathing, the proportion recommending co-trimoxazole reduced from 9% to 2%, and there was an increase in the proportion recommending ampicillin or penicillin or ampicillin plus another agent (0% in 2018–2019 and 6% in 2023). For pneumonia with chest in-drawing, there was a similar reduction in the proportion recommending co-trimoxazole (from 10% to 1%), but a more substantial increase in the proportion of responding countries where ampicillin or penicillin or ampicillin plus another agent is recommended (from 4% in 2018–2019 to 18% in 2023) (Fig. 45).

Fig. 44. Level of health system at which pneumonia with chest in-drawing can be treated per national policy/guideline, by WHO region, as reported in 2018–2019 and 2023 WHO SRMNCAH policy surveys



Calculated among Member States that completed both survey rounds (n=90 countries) and reported on this (2018–2019 survey: CH_16; 2023 survey: CH_10). As only eight countries from the WHO Western Pacific Region and six countries from the European Region reported on this, regional averages would not have been representative and so were not presented separately. The responses from these countries are however included the global averages.

Fig. 45. First-line treatment for pneumonia with chest in-drawing and fast breathing per national policy/guideline, as reported in 2018–2019 and 2023 WHO SRMNCAH policy surveys

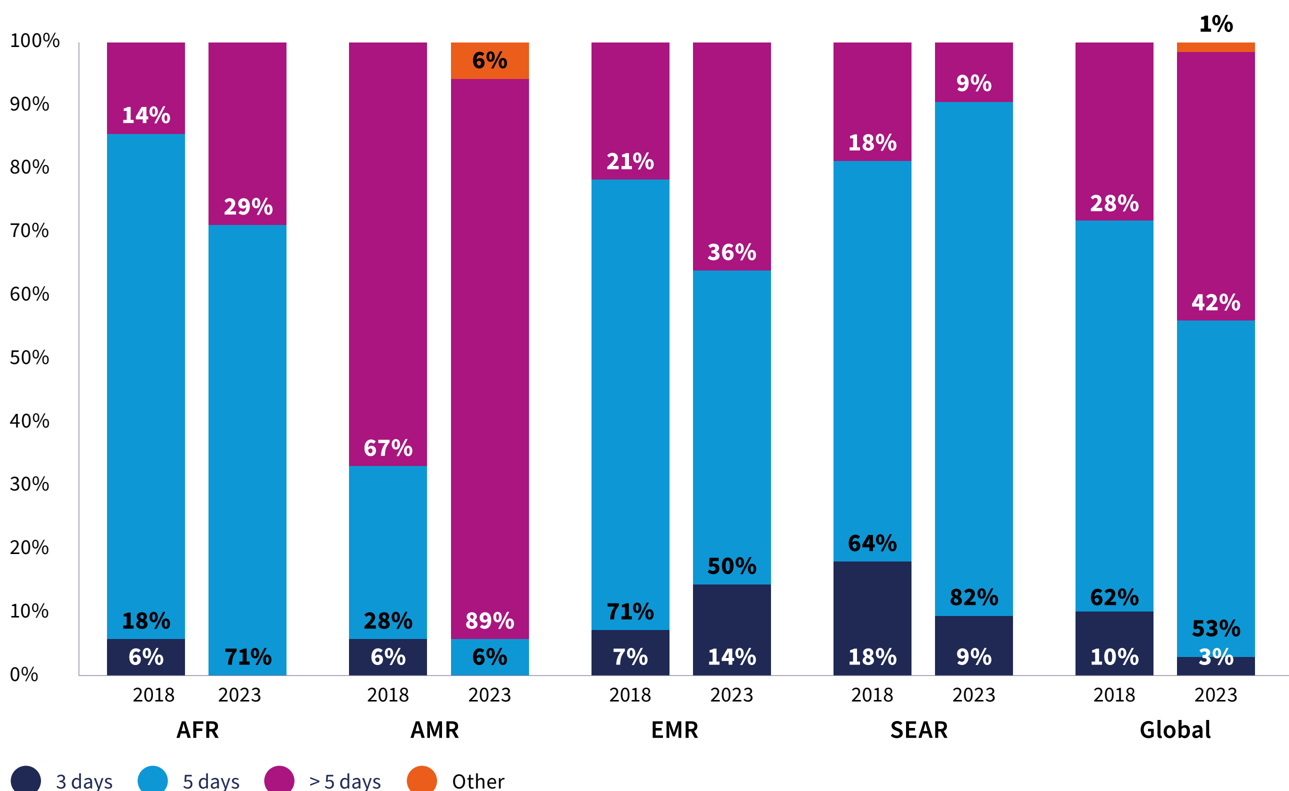


Calculated among Member States that completed both survey rounds (n=90 countries) and reported on this (2018–2019 survey: CH_17, CH_18; 2023 survey: CH_11, CH_12).

See also Annex 3.

The proportion of responding countries stating that the recommended duration of treatment of childhood pneumonia with fast breathing is more than 5 days increased from 28% in 2018–2019 to 42% in 2023, which was consistent across all regions except the South-East Asia Region (18% in 2018–2019 to 9% in 2023). In parallel, the proportions of responding countries where the recommended durations are 3 days or 5 days decreased from 10% to 3% and from 62% to 53%, respectively (Fig. 46).

Fig. 46. Recommended duration of treatment for pneumonia with fast breathing per national policy/guideline, by WHO region, as reported in 2018–2019 and 2023 WHO SRMNCAH policy surveys



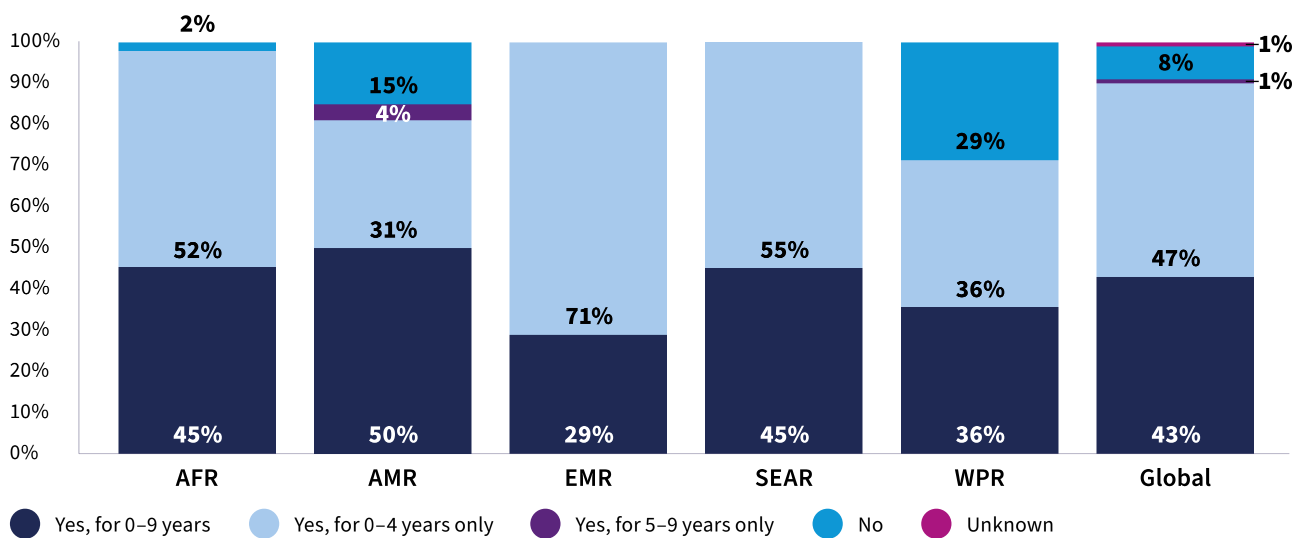
Calculated among Member States that completed both survey rounds (n=90 countries) and reported on this (2018–2019 survey: CH_19; 2023 survey: CH_13). As only eight countries from the WHO Western Pacific Region and six countries from the European Region reported on this, regional averages would not have been representative and so were not presented separately. The responses from these countries are however included the global averages.

6.3.2 Availability of national policies/guidelines on management of diarrhoea in children

Overall, 43% responding countries have a national policy/guideline on the management of childhood diarrhoea covering ages 0–9 years. A similar proportion (47%) have a national policy/guideline that covers ages 0–4 years only (Fig. 47). No region has more than half of responding countries reporting a national policy/guideline that covers children up to 9 years of age and only 29% of responding countries in the Eastern Mediterranean have policies/guidelines that cover this age range.

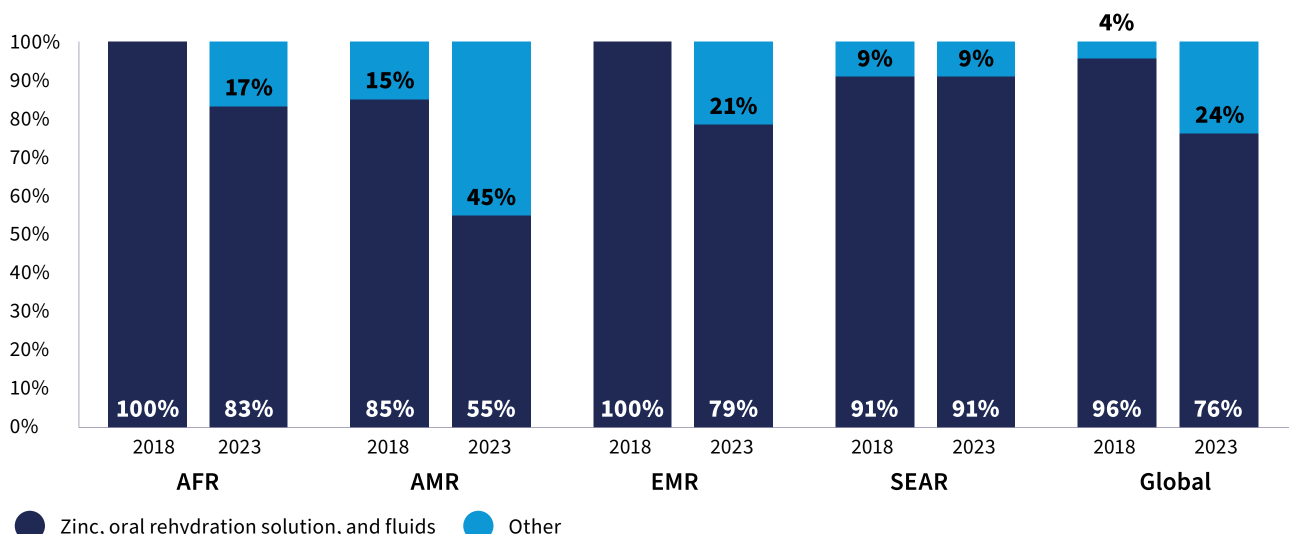
WHO recommends that childhood diarrhoea with dehydration should be treated with zinc, oral rehydration solution, and fluids (*33*). Among responding countries that reported on the existence of treatment recommendations for childhood diarrhoea with dehydration in both the 2018–2019 and 2023 WHO SRMNCAH policy surveys, almost all (96%) in 2018–2019 recommended treatment in alignment with these WHO recommendations. The proportion of responding countries with this recommendation in 2023 was lower at 76%, but this might have been influenced by the different wording of the question in the two WHO SRMNCAH policy survey rounds (Fig. 48).

Fig. 47. National policy/guideline on management of childhood diarrhoea, by WHO region, as reported in 2023 WHO SRMNCAH policy survey



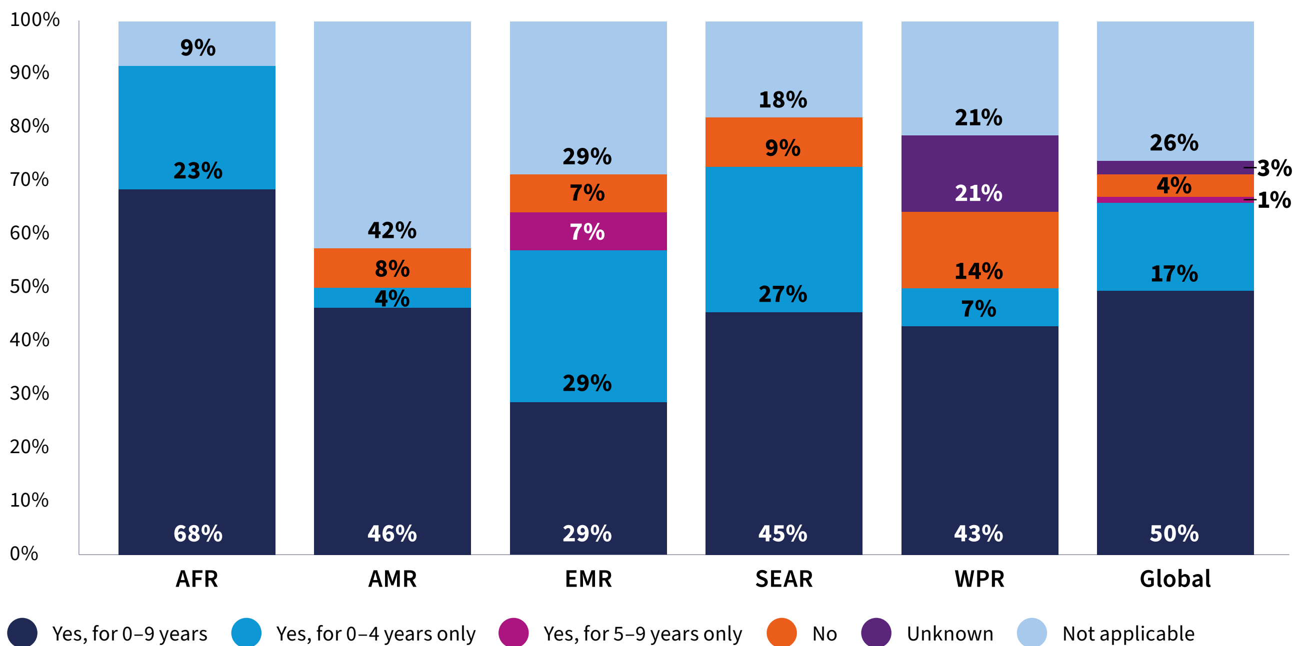
115 Member States reported on this (2023 survey: CH_16).

Fig. 48. Recommended treatment for diarrhoea with dehydration per national policy/guideline, by WHO region, as reported in the 2018–2019 and 2023 WHO SRMNCAH policy surveys



Calculated among Member States that completed both survey rounds (n=93 countries) and reported on this (2018–2019 survey: CH_22; 2023 survey: CH_17). Values from 2023 were computed to reflect countries that indicated the recommended treatment included all three response options (zinc, oral rehydration solution, and fluids). As only eight countries from the WHO Western Pacific Region and six countries from the European Region reported on this, regional averages would not have been representative and so were not presented separately. The responses from these countries are however included the global averages.

Fig. 49. National policy/guideline on the management of malaria with recommendations for children, by WHO region, as reported in 2023 WHO SRMNCAH policy survey



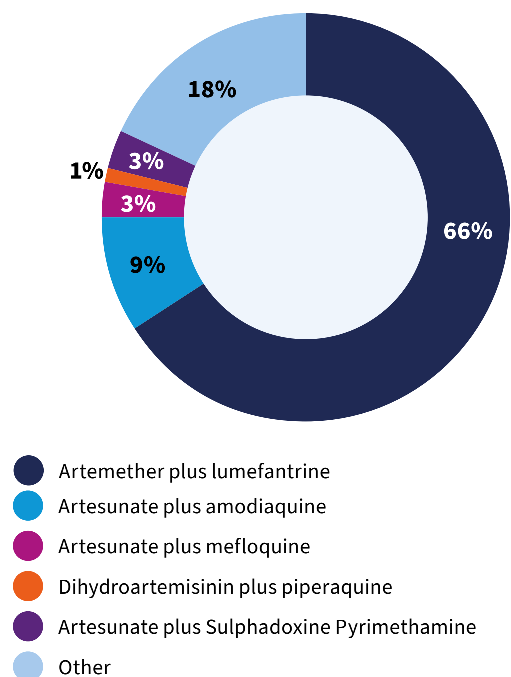
Across 115 Member States, 85 reported on this (2023 survey: CH_19); 30 Member States indicated that this question was not applicable as they are not malaria endemic.

6.3.3 Availability of national policies/guidelines on management of malaria in children

The vast majority of the world's malaria cases occur in the African Region, where nearly 80% of the 580 000 malaria deaths in 2022 occurred in children under 5 years *(34)*. Of the responding countries, 22% identified as not being malaria endemic, per a screening question in the WHO 2023 SRMNCAH policy survey. Half of all responding countries reported that their national policy/guideline on the management of malaria includes recommendations for children aged 0–9 years. A smaller proportion of responding countries have recommendations only for children aged 0–4 years (17%). This was consistent across all regions, except for the Eastern Mediterranean Region where the proportions with a policy/guideline were the same for both children aged 0–4 years and aged 0–9 years (Fig. 49).

Ensuring universal access to recommended antimalarial medicines, such as artemisinin-based combination therapies, is crucial in all settings to prevent the progression of uncomplicated malaria to severe illness and death *(35)*. Among most responding countries, policies/guidelines recommend artemisinin derivatives. Artemether plus lumefantrine is the recommended first-line treatment for malaria in 66% of national policies/guidelines of all responding malaria endemic countries (Fig. 50). Lower proportions of the national policies/guidelines of responding countries recommend other first-line treatments: artesunate plus amodiaquine (9%), artesunate plus mefloquine (3%), artesunate plus sulfadoxine-pyrimethamine (3%), and dihydroartemisinin plus piperaquine (1%).

Fig. 50. Recommended first-line treatment for malaria per national policy/guideline as reported in 2023 WHO SRMNCAH policy survey



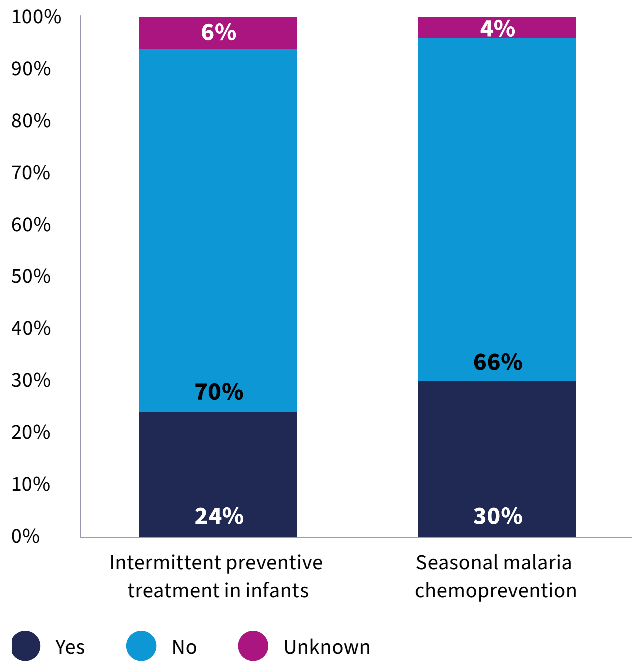
77 Member States reported on this (2023 survey: CH_22).

WHO has noted faltering progress in malaria prevention since 2015 and emphasized the need to substantially expand the use of chemoprevention *(34)*. Low proportions of national policies/guidelines in responding countries recommend intermittent preventive treatment in infants (24%) or seasonal malaria chemoprevention (30%) (Fig. 51). For perennial malaria chemoprevention, previously known as intermittent preventive treatment in infants, a less rigid specification for the number and timing of doses is now available and the target age group extended. Use of seasonal malaria chemoprevention is no longer limited to children less than 6 years of age *(36)*.

6.4 Availability of national policies/guidelines on provision of IMCI

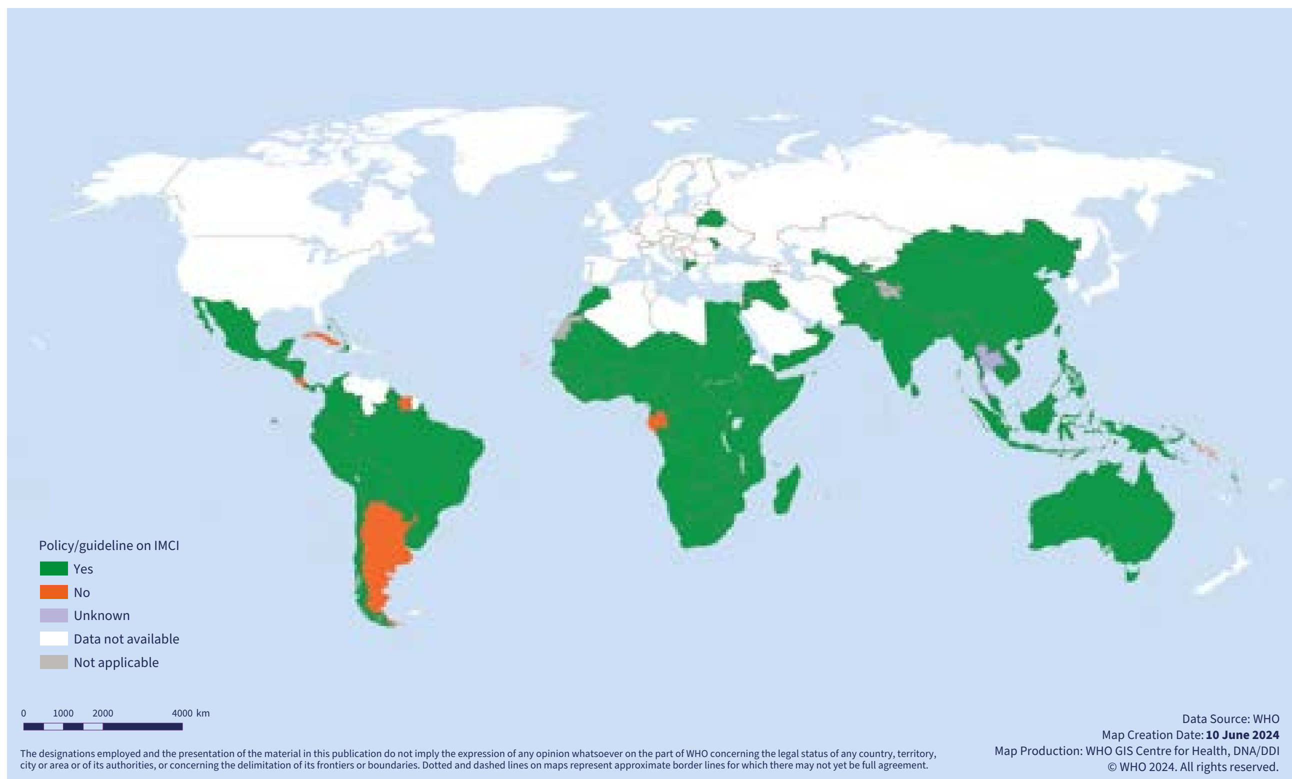
Implementation of IMCI requires high-level advocacy and political support to ensure government leadership and ownership *(37)*. Overall, 87% of responding countries have a national policy/guideline on IMCI (Fig. 52). and almost all report that their national policies/guidelines for IMCI address pneumonia (100%) diarrhoea (99%), infant and young child feeding (99%), anaemia (97%), acute malnutrition (96%), essential newborn care (95%), measles (92%), and malaria (80%) (see Annex 3).

Fig. 51. National policy/guidelines on prevention of malaria as reported in 2023 WHO SRMNCAH policy survey



71 Member States reported on this (2023 survey: CH_26, CH_27).

Fig. 52. National policy/guideline on IMCI, as reported in 2023 WHO SRMNCAH policy survey

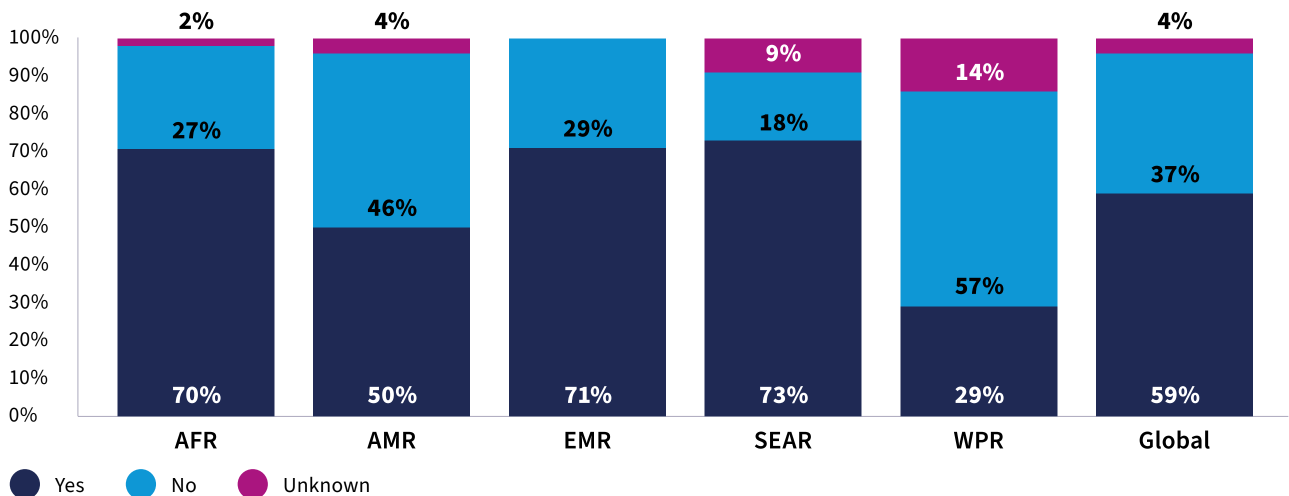


115 Member States reported on this (2023 survey: CH_38). See also Table 4.

Fifty-nine per cent of responding countries report that they have a national policy/guideline for iCCM. In the South-East Asia, Eastern Mediterranean, and African regions, 70% or more of the responding countries report having a policy/guideline on iCCM. In the Region of the Americas and the Western Pacific Region, lower proportions of responding countries reported having this national policy/guideline (50% and 29%, respectively) (Fig. 53).

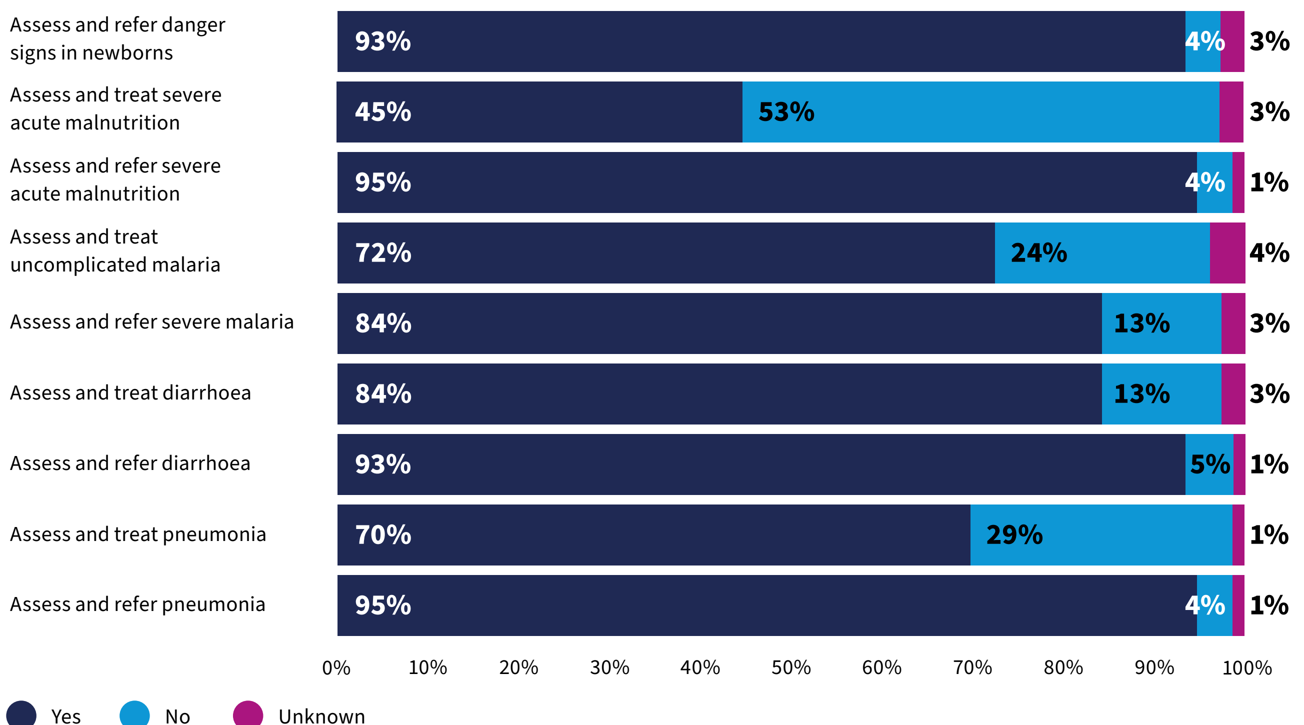
Only 76 (66%) of the 115 responding countries reported having a national policy/guideline for management of childhood illness by trained CHWs (Table 4). There was variation across the regions in this, from 82% in the African Region to only 54% in the Region of the Americas (Table 4). Regarding the tasks that CHWs may perform, a greater proportion of policies/guidelines permit CHWs to assess and refer than to assess and treat. For example, 95% of responding countries allow CHWs to assess and refer pneumonia but 70% allow them to assess and treat pneumonia. CHWs are most likely to be allowed to assess and treat diarrhoea and least likely to be permitted to assess and treat severe acute malnutrition (45%) (Fig. 54).

Fig. 53. National policy/guideline on iCCM, by WHO region, as reported in 2023 WHO SRMNCAH policy survey



115 Member States reported on this (2023 survey: CH_40).

Fig. 54. Activities that can be conducted by CHWs per national policy/guideline, as reported in 2023 WHO SRMNCAH policy survey



76 Member States reported on this (2023 survey: CH_42).

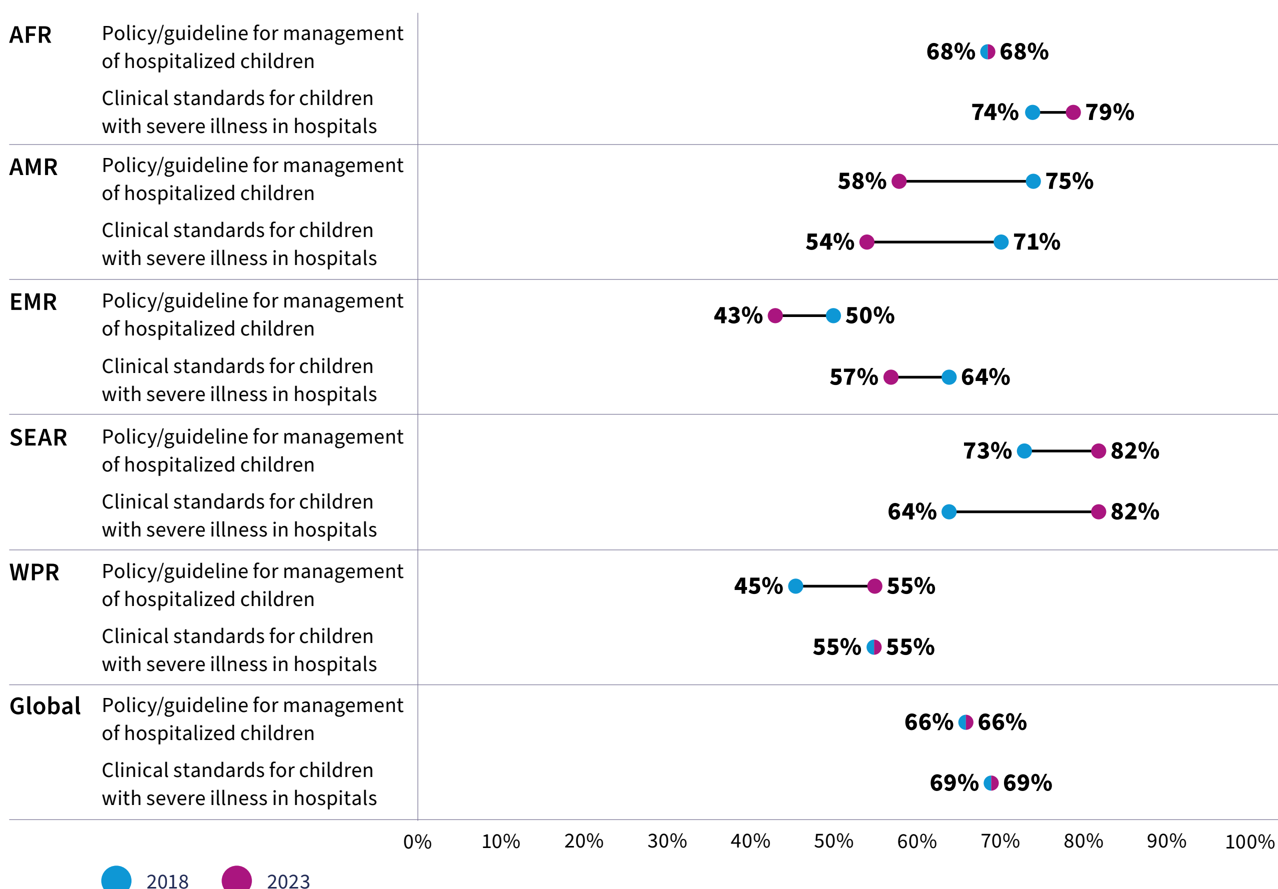
6.5 Availability of national policies/guidelines on paediatric hospital care for sick children

Children who need hospitalization are the most severely ill and at the greatest risk of dying. Their chances of survival are greatly increased if the hospital care is of high quality. WHO guidance on standards for ensuring high quality care in health facilities complement clinical practice guidelines and empower health workers to work effectively towards continuous quality improvement and minimize risks of harm to children during service delivery *(38)*.

Among countries responding to questions on hospital care for sick children in both the 2018–2019 and the 2023 WHO SRMNCAH policy surveys, there was a slight decrease in the proportion (66% to 63%) with a national policy/ guideline on the management of hospitalized children aged 1 month to 9 years. By region, the proportion of responding countries with such a policy/guideline rose between the 2018–2019 and 2023 WHO SRMNCAH policy surveys in the South-East Asia (73% to 82%) and Western Pacific (45% to 55%) but fell in the Americas (75% to 58%) and Eastern Mediterranean (50% to 43%) regions (Fig. 55). The proportion in the African Region remained constant at 68%.

The proportion of responding countries with national clinical standards for the management of children with severe illness in hospitals remained 69% in the two WHO SRMNCAH policy survey rounds. By region, the proportion increased in the African (74% to 79%) and South-East Asia (64% to 82%) regions and decreased in the Americas (71% to 54%) and Eastern Mediterranean (64% to 57%) regions between 2018–2019 and 2023. The proportion in the Western Pacific Region remained constant at 55% (Fig. 55).

Fig. 55. National policy/guideline and clinical standards for management of children with severe illness in hospitals, by WHO region, as reported in 2018–2019 and 2023 WHO SRMNCAH policy surveys



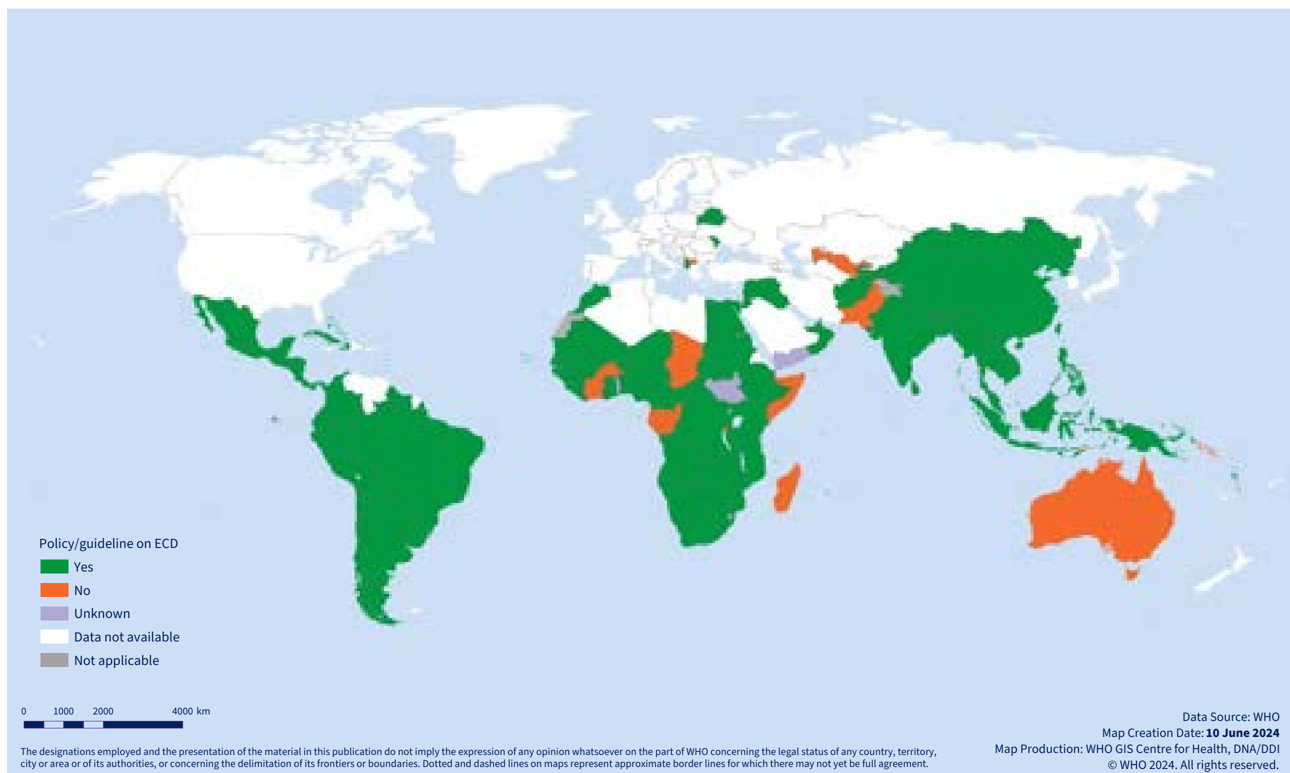
Calculated among Member States that completed both survey rounds (n=103 countries) and reported on this (2018–2019 survey: CH_39, CH_40; 2023 survey: CH_29, CH_30).

6.6 Availability of national policies/guidelines on early childhood development

Evidence on early child development is being translated into policy and guidance. The WHO *Nurturing care for early childhood development* framework sets out the most effective evidence-based policies and services that support caregiving between pregnancy and age 3 years. The interventions of the nurturing care framework achieve more and cost less than attempts to compensate for early deficits with remedial interventions at later ages *(39)*. The majority (83%) of all responding countries have a national policy/guideline on early childhood development (Fig. 56).

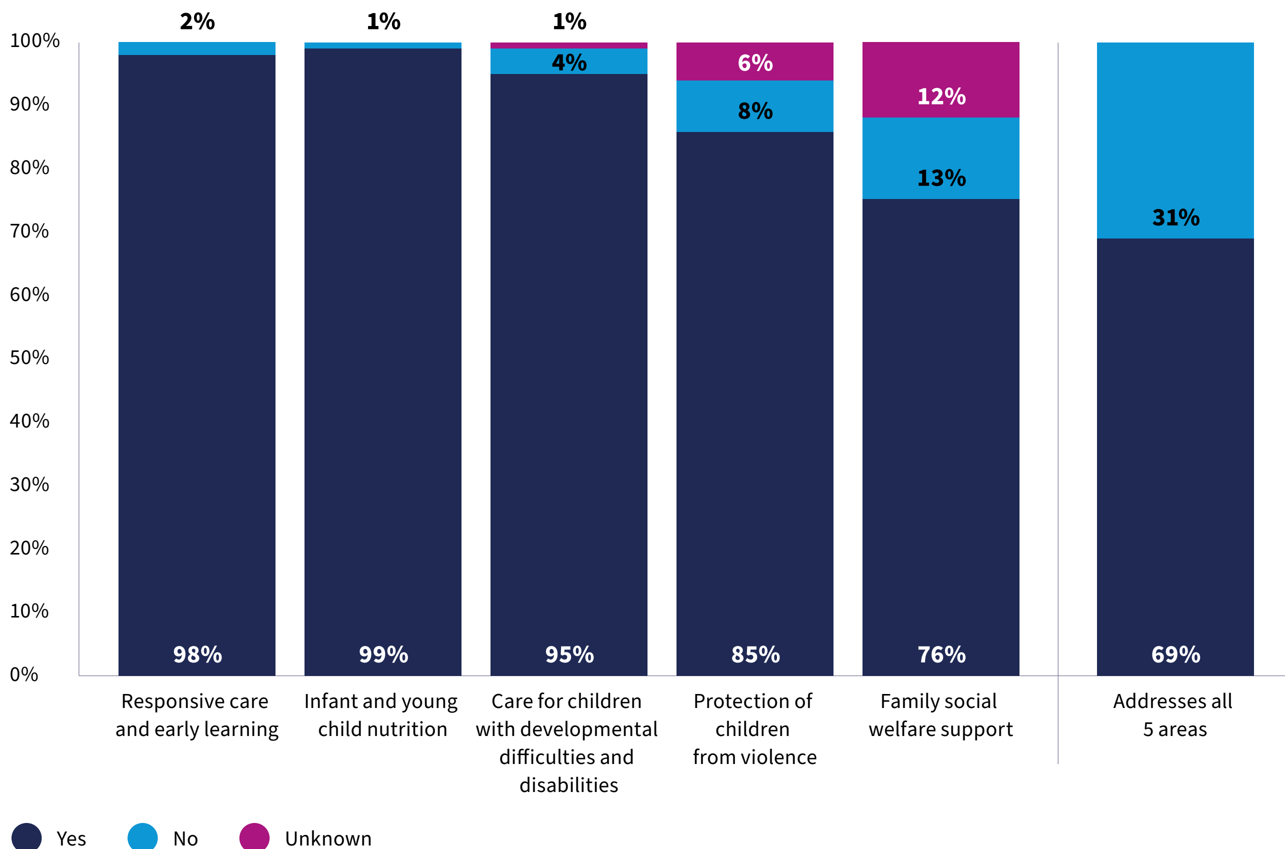
The WHO *Nurturing care for early childhood development* framework recommends actions in five domains: health, nutrition, responsive care, early learning, and safety and security *(39)*. Responding countries reported that their national policies/guidelines address: responsive care and early learning (98%); infant and young child nutrition (99%); care for children with developmental difficulties and disabilities (95%); protection of children from violence (85%); and family social welfare support (76%). All five areas are included in 69% of national policies/guidelines on early childhood development (Fig. 57).

Fig. 56. National policy/guideline on early childhood development, as reported in 2023 WHO SRMNCAH policy survey



115 Member States reported on this (2023 survey: CH_32). See also Table 4.

Fig. 57. Content of national policy/guideline on early childhood development, as reported in 2023 WHO SRMNCAH policy survey



95 Member States reported on this (2023 survey: CH_34_a to CH_34_e).
See also Annex 3.

Effective programming early childhood development requires partnership among a broad range of sectors. The WHO *Nurturing care for early childhood development* recommends that countries should convene a high-level mechanism with the budget and official authority to coordinate multisectoral actions across relevant stakeholders *(39)*. Among countries responding to both WHO SRMNCAH policy survey rounds, the existence of a national coordination mechanism for early childhood development increased from 73% in 2018–2019 to 81% in 2023. This increase was seen across all regions except for the African Region where there was a slight decrease from 71% to 68%. The increase in the Eastern Mediterranean Region was notable: from 57% in 2018–2019 to 86% in 2023. (Fig. 58).

All responding countries reported that that the health and education sectors are involved in their national coordination mechanisms for early childhood development. Most responding countries reported that the nutrition (98%), social welfare or social protection (97%), and child protection (97%) sectors are included. Environmental safety and security, including water, and sanitation, is the sector least likely (78%) to be involved in the national coordination mechanism for early childhood development (Fig. 59).

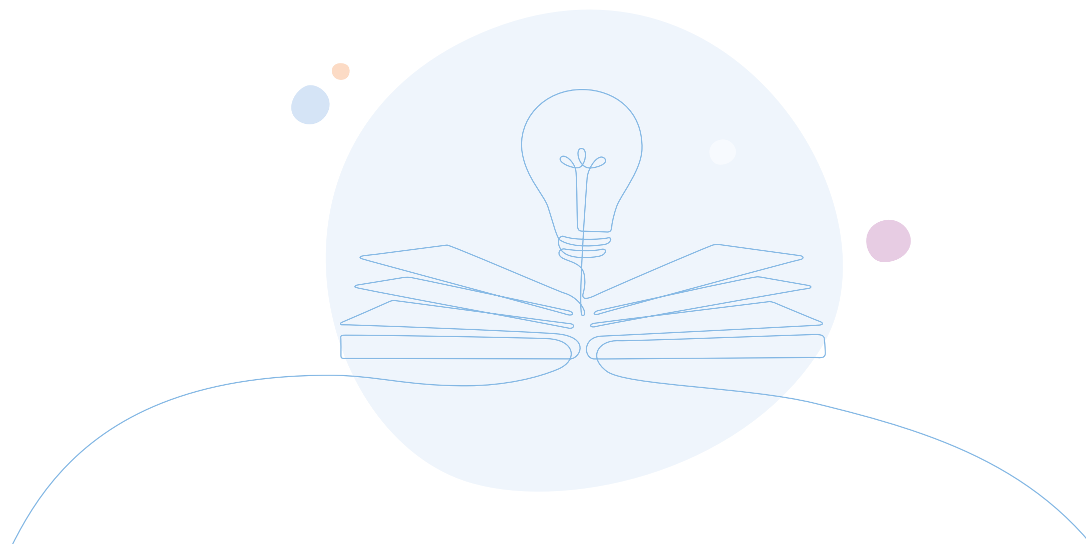
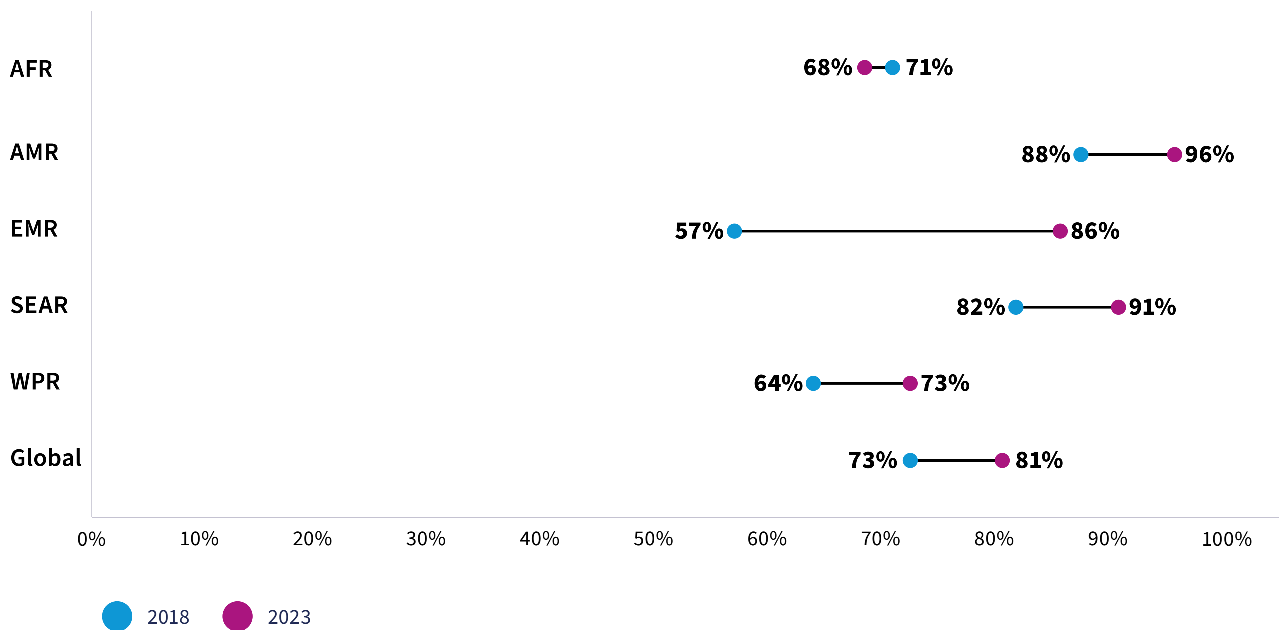
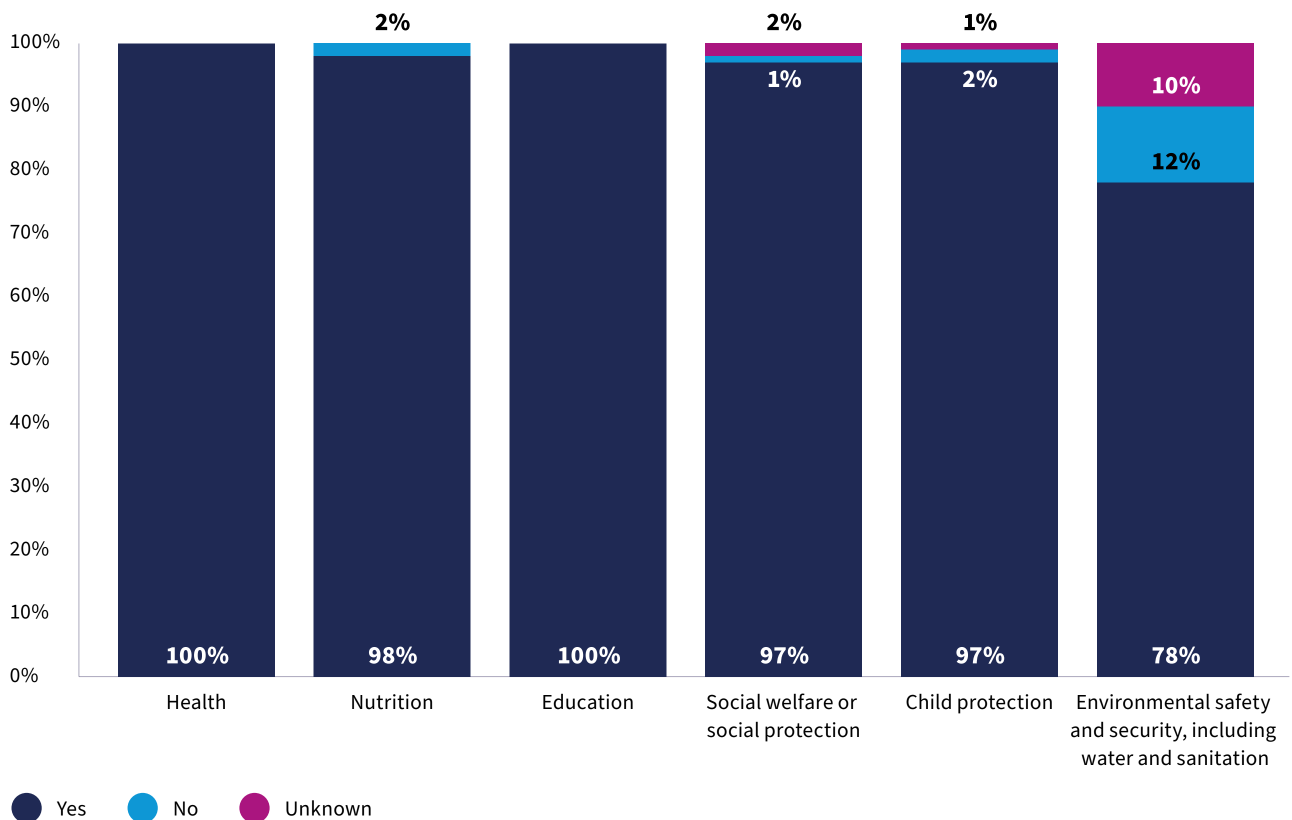


Fig. 58. National coordination mechanism for early childhood development, by WHO region, as reported in 2018–2019 and 2023 WHO SRMNCAH policy surveys



Calculated among Member States that completed both survey rounds (n=103 countries) and reported on this (2018–2019 survey: CH_47; 2023 survey: CH_35).

Fig. 59. Involvement of sectors in national coordination mechanism for early childhood development, as reported in 2023 WHO SRMNCAH policy survey



91 Member States reported on this (2023 survey: CH_36_a to CH_36_f).

See also Annex 3.

6.7 Availability of national policies exempting user fees for services in the public sector for children

The proportions of responding countries with a national policy exempting user fees for certain child health services in the public sector are: immunization (96%); well-child visits and growth monitoring for children under 5 years (90%); outpatient care for children under 5 years (76%), and paediatric inpatient care for children under 5 years (65%). National policies of significantly lower proportions of responding countries exempt user fees for these three services for children aged 5–9 years (32% for immunization and 24% for the other specified services), and lower proportions exempt only children from selected groups. National policies do not exempt certain public sector child health services in a small proportion of responding countries: well-child visits and growth monitoring (8%); outpatient care for children (10%), and paediatric inpatient care for children under 5 years (17%) (Fig. 60).

Fig. 60. Exemptions from user fees for children in public sector, per national policy, for specified health services, as reported in 2023 WHO SRMNCAH policy survey

Paediatric inpatient care
65%
24%
17%
17%
2%

Sick child outpatient care
76%
24%
17%
10%
1%

Immunization
96%
32%
8%

Well-child visits and growth monitoring
90%
24%
6%
8%

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

Yes, for all children under 5 | Yes, for all children 5–9 | Yes, for selected population groups | No | Unknown

115 Member States reported on this (2023 survey: CC_24_a to CC_24_d). Respondents were able to select more than one response among: yes, for all children under 5 years, yes for all children aged 5–9 years, and yes for selected population groups.

See also Annex 3

Chapter 7

Adolescent health

7. Adolescent health

Estimates of adolescent deaths neared 1 million in 2022 and, if current trends continue, 6.8 million deaths among adolescents are projected between 2023 and 2030 *(4)*. Reduction in mortality in adolescents since 1990 has been slower than in other age groups and some regions like sub-Saharan Africa experienced a higher number of adolescent deaths in 2022 than in 1990 for both sexes *(4)*. Approximately 60% of all young adolescent (aged 10–14 years) deaths result from noncommunicable diseases such as cancer, and injuries such as those resulting from road traffic crashes *(40)*. For older adolescents aged 15–19 years, over 60% of female deaths and more than 80% of male deaths are driven by these causes *(40)*.

The WHO *Global accelerated action for the health of adolescents (AA-HA!):* emphasizes the need for mutually reinforcing multisectoral interventions and a holistic approach to policy delivered through strengthened health systems that reach all adolescents *(41)*. Together with improved quality of care, these efforts will increase the accessibility, availability, and acceptability of the health services adolescents need to promote, protect, and improve their health and well-being *(42)*. WHO recommends that health systems need to become adolescent responsive, meaning that attention to adolescent-specific needs to be normalized throughout health services *(41)*. Health policies therefore need to be directed towards greater coordination and integration of adolescent services. Ensuring age-appropriate services means investing in youth-led accountability processes and creating opportunities for young people, including adolescent girls and young women, to participate in policy-making including design, implementation, monitoring, and evaluation *(43)*.

7.1 Key points on availability of national guidelines/policies/laws on adolescent health

Table 5 summarizes the availability of selected cross-cutting national policies/guidelines/laws relevant to adolescent health. By region, the numbers of responding countries (that is, the denominators) were: African Region: 44 countries; Region of the Americas: 26 countries; Eastern Mediterranean Region: 14 countries; South-East Asia Region: 11 countries; and Western Pacific Region: 14 countries. Caution is therefore needed in interpreting these data since the relatively low number of responding countries in certain regions means these results cannot be considered representative.

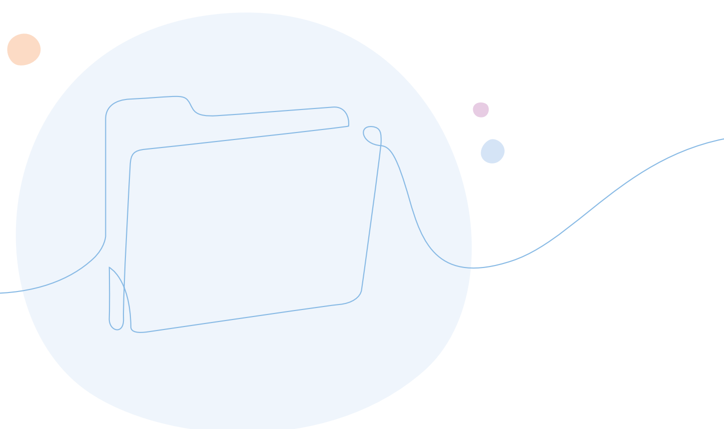


Table 5. Summary of availability of selected policies/guidelines/laws on adolescent health, by WHO region and World Bank income group, as reported in 2023 WHO SRMNCAH policy survey

	Global (%)	AFR (%)	AMR (%)	EMR (%)	SEAR (%)	WPR (%)	LIC (%)	LMC (%)	UMC (%)	HIC (%)
Strategic plan for adolescent health/well-being (n=151)[a]	76.8	86.4	80.8	64.3	81.8	71.4	87.5	78.7	69.8	77.8
National standards for delivery of health services to adolescents (n=115)	79.1	81.8	84.6	64.3	90.9	71.4	79.2	80.4	81.3	75
National standards for health-promoting schools (n=115)	72.2	77.3	57.7	92.9	81.8	71.4	87.5	71.7	65.6	66.7
At least one designated full-time person for the national adolescent health/well-being programme (n=115)	85.2	93.2	84.6	71.4	100	78.6	100	82.6	81.3	83.3
Regular government budget allocation to support the national adolescent health/well-being programme (n=115)	54.8	45.5	53.8	35.7	100	71.4	41.7	52.2	68.8	58.3
Continuous professional education system for primary health workers to receive adolescent-specific training (n=115)	67.8	77.3	61.5	35.7	90.9	64.3	62.5	73.9	68.8	50
Laws/policies that provide graduated licensing for novice drivers (n=115)	47	40.9	42.3	57.1	63.6	42.9	45.8	41.3	53.1	58.3
Laws/policies that regulate marketing of alcohol to minors (n=115)	77.4	68.2	88.5	64.3	81.8	85.7	54.2	80.4	87.5	83.3
Laws/policies that designate an appropriate minimum age of a customer for the sale alcoholic beverages (n=115)	76.5	63.6	92.3	64.3	81.8	85.7	58.3	71.7	90.6	91.7

HIC: high-income country, LIC: low-income country, LMC: lower-middle-income country, UMC: upper-middle-income country.

[a] Includes data from 2021 European action plan for sexual and reproductive health survey.

See also Annex 2.

Indicates lowest proportion of Member States reporting existence of policy/guideline/law or highest proportion reporting absence of restrictive aspects of a policy/guideline/law. Indicates low proportion of Member States reporting existence of policy/guideline/law or high proportion reporting absence of restrictive aspects of a policy/guideline/law Indicates intermediate proportion of Member States reporting either existence of policy/guideline/law or absence of restrictive aspects of a policy/guideline/law Indicates high proportion of Member States reporting existence of policy/guideline/law or low proportion reporting absence of prohibitive aspects of a policy/guideline/law Indicates highest proportion of Member States reporting existence of policy/guideline or lowest proportion reporting the absence of restrictive aspects of a policy/guideline/law

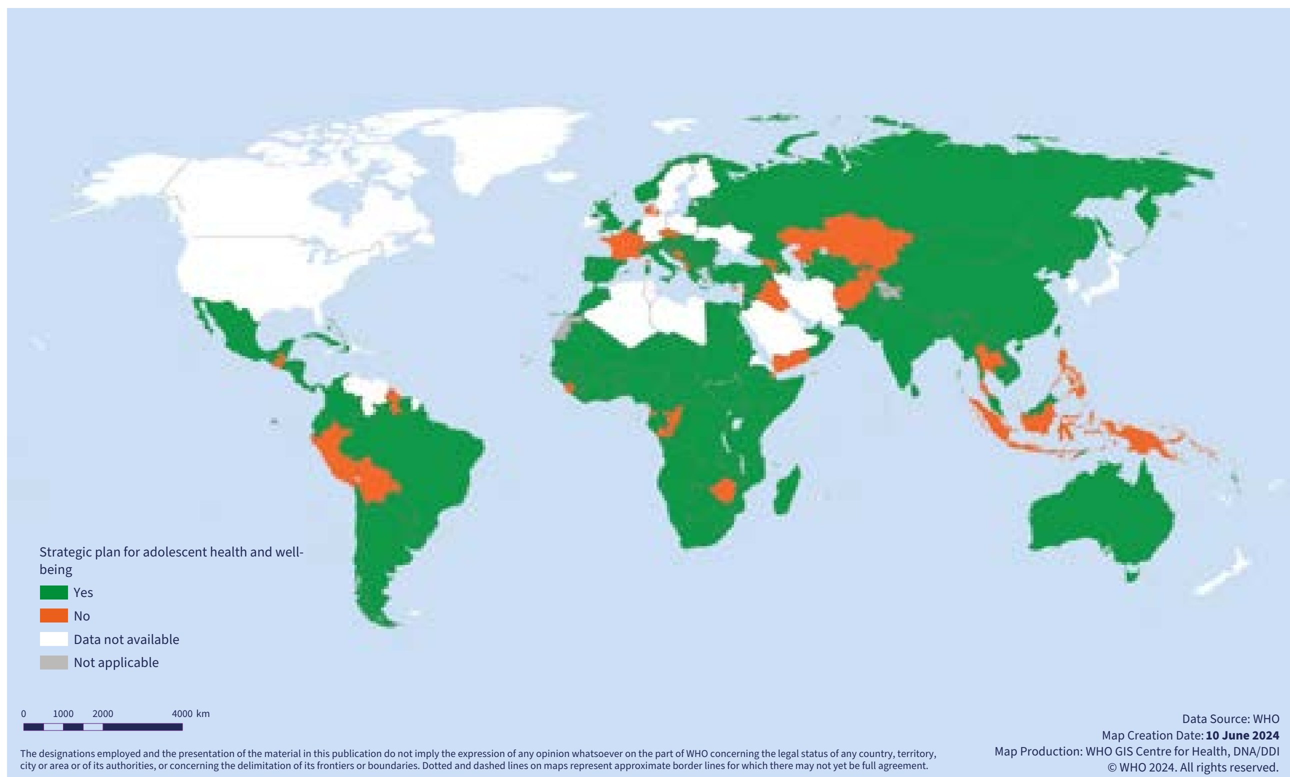
- Although more than three quarters of responding countries have a strategic plan for adolescent health/well-being, there are a number of areas globally and by region where there is suboptimal coverage of policies that can support adolescents' health and well-being. Moreover, almost half of responding countries have no regular government budget allocation to support national adolescent health and well-being programming.
- The variations among regions are notable. For example, the proportions of national adolescent-focused policies in the South-East Asia Region are almost universally high, while there are significant gaps across almost all policy areas among the responding countries of the Eastern Mediterranean Region. An exception is the almost universal availability of national standards on health-promoting schools in the Eastern Mediterranean, which contrasts with less than 60% of responding countries in the Region of the Americas having such a provision.

- A standards-driven approach is key to improving the quality of health services for adolescents and almost 80% of all responding countries state they have national standards for health services for adolescents. However, a fundamental standard is that health workers have the technical competence required to provide effective health care to adolescents and less than 70% of responding countries overall have continuous professional education systems for primary health workers to receive adolescent-specific training. The proportion is below 40% of responding countries of the Eastern Mediterranean but the proportions in the Americas and Western Pacific regions are also relatively low.
- A clear opportunity exists to increase coverage of policy to reduce the risk of road traffic injury and death among adolescents. Fewer than half of all responding countries have laws/policies on provisions for graduated licensing for novice drivers. In the African, Americas, and Western Pacific regions just over 40% of responding countries have such a provision.
- Laws/policies aimed at restricting alcohol consumption by adolescents exist in more than 75% of all responding countries. The proportions of responding countries with policies on minimum age of sale for alcohol and regulating alcohol marketing targeted at minors is below average in the African and Eastern Mediterranean regions.

7.2 Availability of national strategic plans/ policies/guidelines on adolescent health

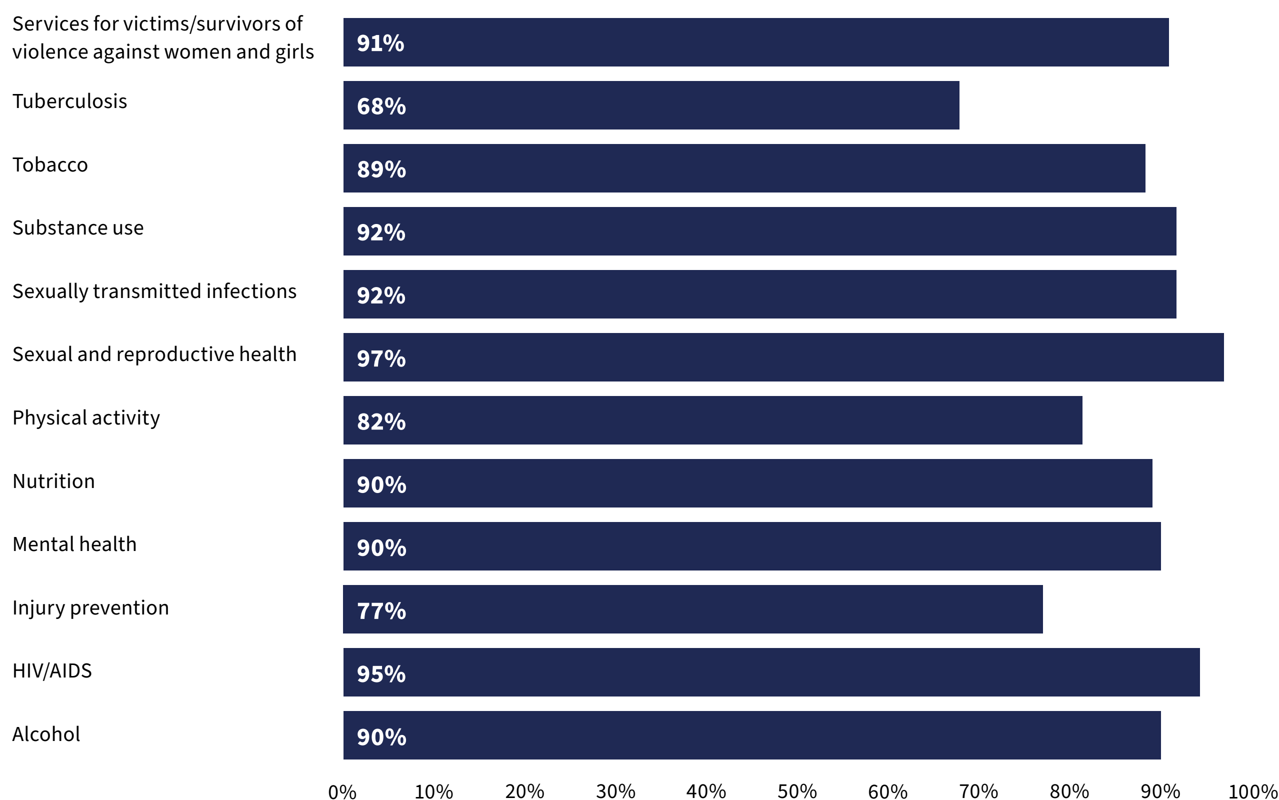
Overall, 77% of responding countries have a strategic plan that addresses adolescent health/well-being (Fig. 61). At least 90% of national policies/guidelines of responding countries cite adolescents as a specific target group with defined interventions/activities for: alcohol, HIV/AIDS, mental health, nutrition, sexual and reproductive health including pregnancy prevention, STIs, substance use, and services for survivors of violence against women and girls (Fig. 62). Lower proportions cite adolescents as a specific target group for tobacco and tuberculosis control and for injury prevention and physical activity.

Fig. 61. Strategic plan exists for adolescent health/well-being, as reported in 2023 WHO SRMNCAH policy survey and 2021 European action plan for sexual and reproductive health survey



151 Member States reported on this (2023 WHO SRMNCAH policy survey (AD_07) and 2021 European action plan for sexual and reproductive health survey (Q9c)). See also Table 5.

Fig. 62. Adolescents cited as a specific target group for defined interventions/activities in a national policy/guideline for the following health issues, as reported in 2023 WHO SRMNCAH policy survey



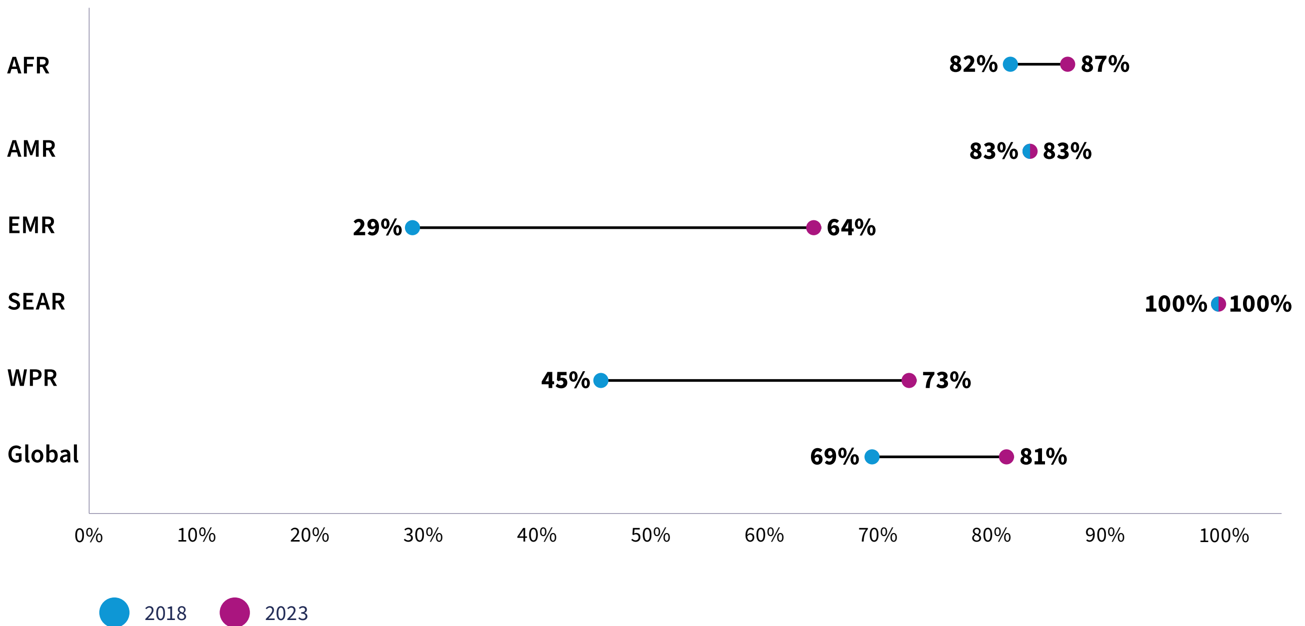
115 Member States reported on this (2023 survey: AD_08).

See also Annex 3.

7.3 Availability, components, and monitoring of national standards for delivery of health services to adolescents

Evidence shows that services for adolescents are frequently highly fragmented, poorly coordinated, and uneven in quality in both high- and low-income countries. Although some excellent practice exists, services overall need be brought into conformity with existing guidelines and standards *(42)*. Among countries that responded to the two WHO SRMNCAH policy survey rounds, the proportion reporting they have national standards for delivery of health services to adolescents increased from 69% in 2018–2019 to 81% in 2023. This progress has been driven by changes in the Eastern Mediterranean Region and the Western Pacific Region, where the proportion of reporting countries with national standards has increased from 29% to 64% and 45% to 73%, respectively. No change was reported in the Region of the Americas (83% in both 2018–2019 and 2023) and in the South-East Asia Region (100% in both years); the proportion increased slightly in the African Region from 82% to 87% (Fig. 63).

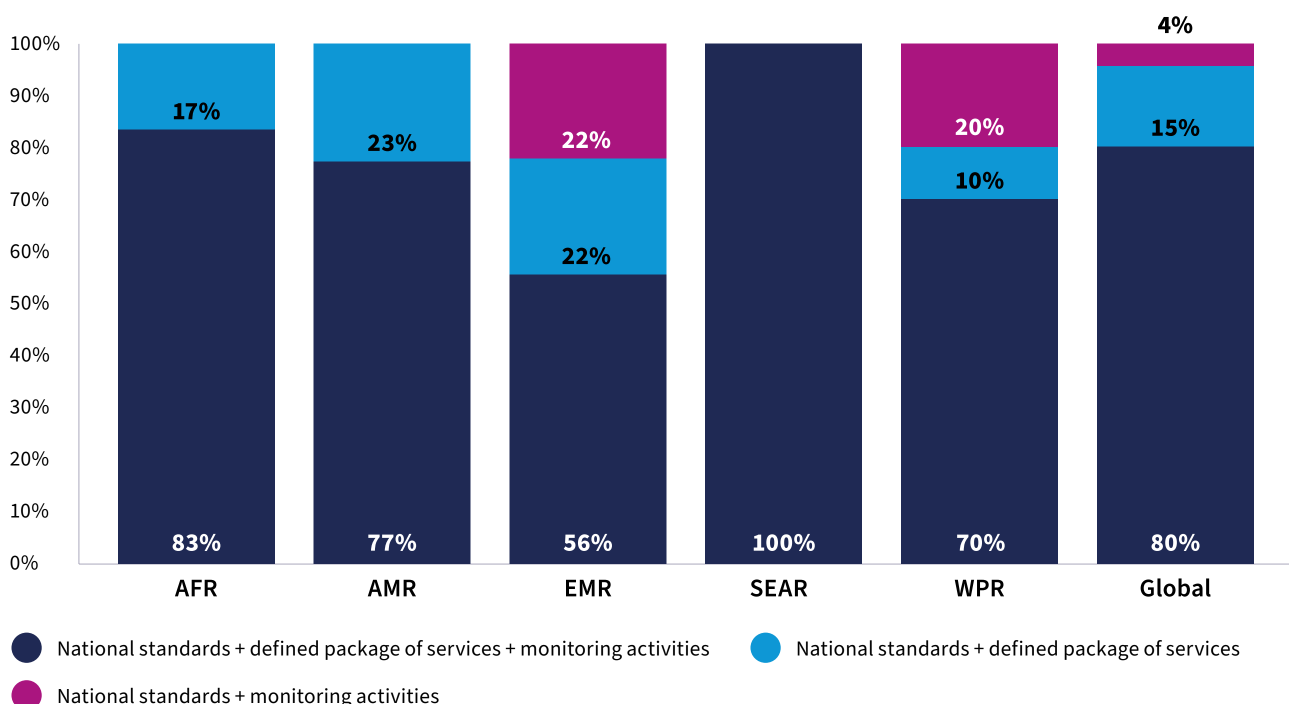
Fig. 63. National standards for delivery of health services to adolescents, by WHO region, as reported in 2018–2019 and 2023 WHO SRMNCAH policy surveys



Calculated among Member States that completed both survey rounds (n=101 Member States) and reported on this (2018–2019 survey: AD_12; 2023 survey: AD_09).

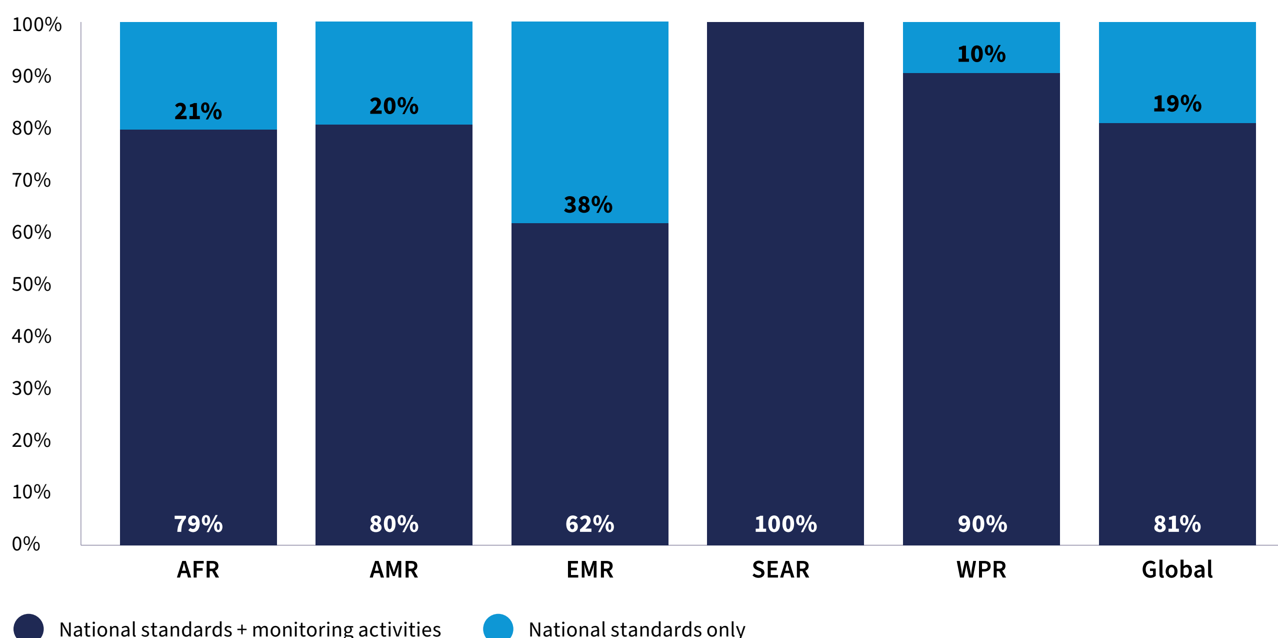
Overall, 80% of responding countries with national standards for delivery of health services to adolescents also report that a clearly defined package of services exists, and that implementation of the standards is being monitored. By region, this varies from 100% of responding countries in the South-East Asia Region to 56% of responding countries in the Eastern Mediterranean Region (Fig. 64). In regions other than South-East Asia, up to 20% of responding countries with national standards for health services delivery to adolescents report the existence of either a defined package of services or monitoring of the standards, but not both (Fig. 64).

Fig. 64. Availability, components, and monitoring of national standards for delivery of health services to adolescents, by WHO region, as reported in 2023 WHO SRMNCAH policy survey



91 Member States, that reported having national standards for delivery of health services to adolescents (2023 survey: AD_10) reported on comprehensiveness and monitoring of these standards (2023 survey: AD_10, AD_11).

Fig. 65. Availability of national standards for health-promoting schools and related monitoring activities, by WHO region, as reported in 2023 WHO SRMNCAH policy survey



83 Member States, that reported having national standards for health-promoting schools (2023 survey: AD_12) reported on monitoring of these standards (2023 survey: AD_13).

7.4 Availability and components of national standards for health-promoting schools

The effects of school closures during the COVID-19 pandemic made clear the important role schools can play in enhancing students' health and well-being. To stimulate progress towards making every school a health-promoting school, United Nations agencies have developed global standards and indicators for health-promoting schools together with implementation guidance *(44)*. Among the 83 responding countries reporting they have a national standard for health-promoting schools, 81% carry out monitoring activities (Fig. 65). By region, the proportion of responding countries with national standards for health-promoting schools that also have monitoring activities varies from 100% of responding countries of the South-East Asia Region to 62% of responding countries of the Eastern Mediterranean Region.

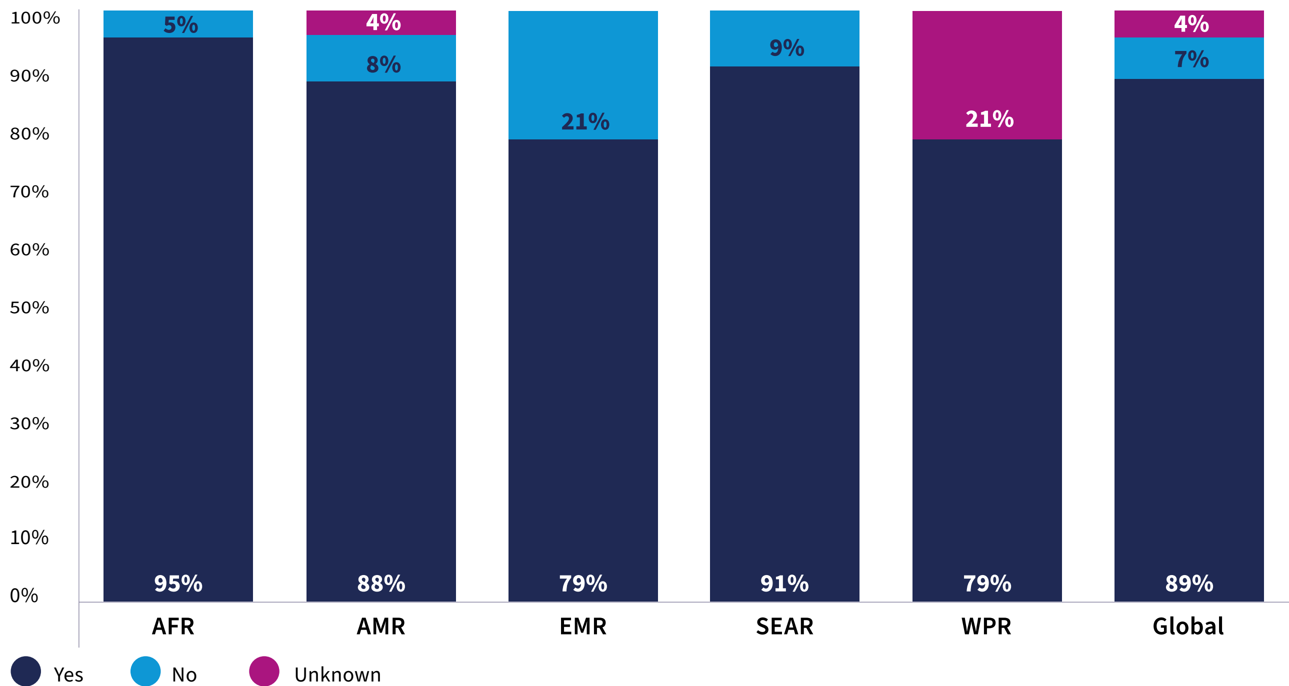
7.5 Availability of national programmes on adolescent health

Coordination of adolescent health and well-being across the sectors and government ministries is essential for successful programming and policy-making. To assure sustainability, WHO recommends that responsibility for funding programmes for adolescent health and well-being should be shifted towards domestic resources by including a focus on adolescents in national sectoral strategies, investment plans, and budgets *(41)*.

Overall, 89% of responding countries report having a national programme on adolescent health/well-being (Fig. 66). By region, the availability of a national programme on adolescent health is highest among responding countries of the African Region (95%), followed by the South-East Asia Region (91%), and the Region of the Americas (88%). The proportion of responding countries in the Eastern Mediterranean and Western Pacific regions in 79% in both regions.

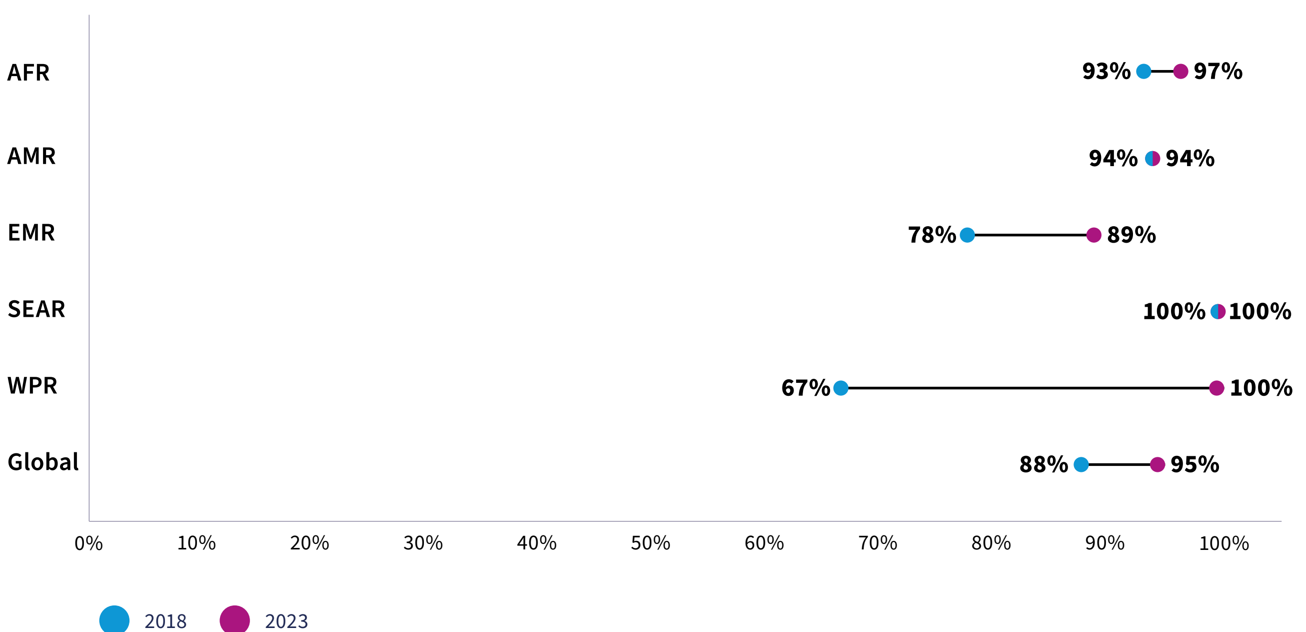
Among countries responding in the 2018–2019 and 2023 WHO SRMNCAH policy survey rounds, the proportion with at least one designated full-time person for the national adolescent health programme increased overall from 88% in 2018–2019 to 95% in 2023, with the greatest increase seen in the Western Pacific Region (67% to 100%), followed by the Eastern Mediterranean Region (78% to 89%), and the African Region (93% to 97%). No change in proportions of responding countries from 2018–2019 to 2023 has been recorded in the Region of the Americas (94%) and the South-East Asia Region (100%) (Fig. 67).

Fig. 66. National adolescent health/well-being programme, by WHO region, computed from responses to 2018–2019 and 2023 WHO SRMNCAH policy surveys



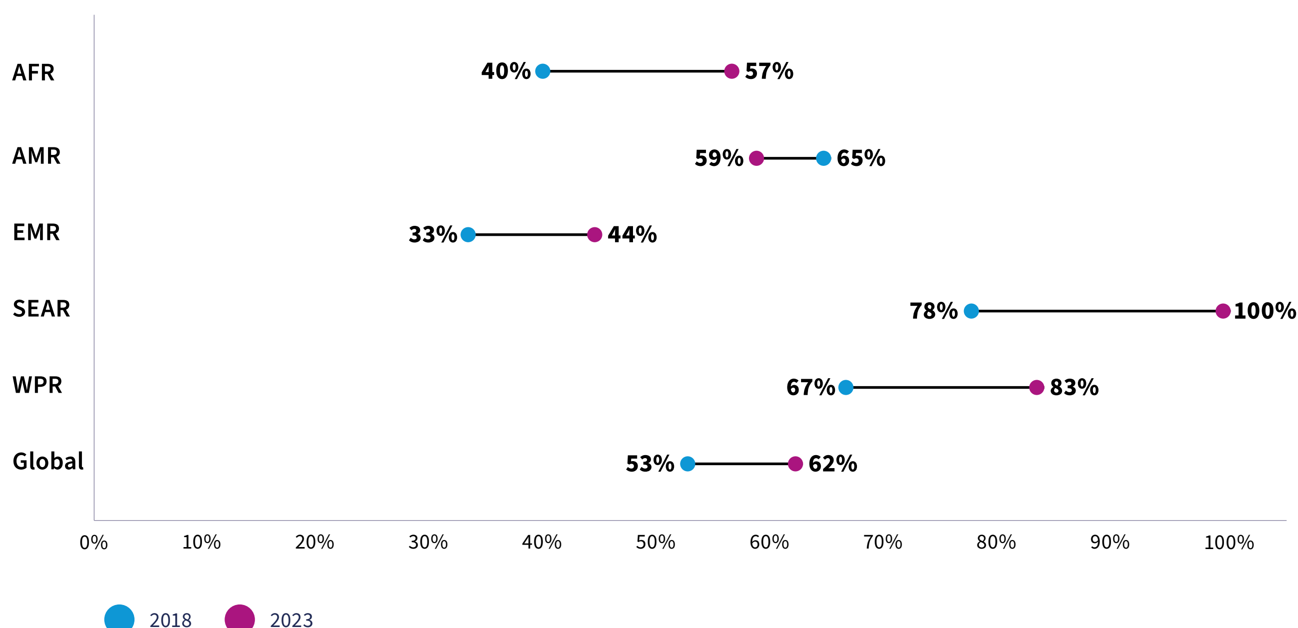
In the 2018–2019 WHO SRMNCAH policy survey, a question asked whether the country has a national adolescent health programme (2018–2019 survey: AD_18); this was not included in the 2023 WHO SRMNCAH policy survey questionnaire. Thus the values here were computed using an assumption that, for countries that reported having an adolescent health programme in 2018–2019, this programme still exists. For countries that did not complete the 2018–2019 survey, a YES was defined as that country reporting that they either have at least one designated full-time person for the national programme (2023 survey: AD_15) and/or have regular government budget allocation to support the national programme (2023 survey: AD_16).

Fig. 67. At least one designated full-time person for the national adolescent health/well-being programme, by WHO region, as reported in 2018–2019 and 2023 WHO SRMNCAH policy surveys



Calculated among Member States that completed both survey rounds (n=74 Member States) and reported on this (2018–2019 survey: AD_19; 2023 survey: AD_15).

Fig. 68. Regular government budget allocation to support the national adolescent health/well-being programme, by WHO region, as reported in 2018–2019 and 2023 WHO SRMNCAH policy surveys



Calculated among Member States that completed both survey rounds (n=74 Member States) and reported on this (2018–2019 survey: AD_20; 2023 survey: AD_16).

The proportion of countries with regular government budget allocation to support the adolescent health programme increased from 53% in 2018–2019 to 62% 2023 among countries responding to the relevant question in the two WHO SRMNCAH policy survey rounds (Fig. 68). Proportions increased in most regions (African Region: 40% to 57%, Eastern Mediterranean Region: 33% to 44%, South-East Asia Region: 78% to 100%, Western Pacific Region: 67% to 83%) but decreased in the Region of the Americas (65% to 59%).

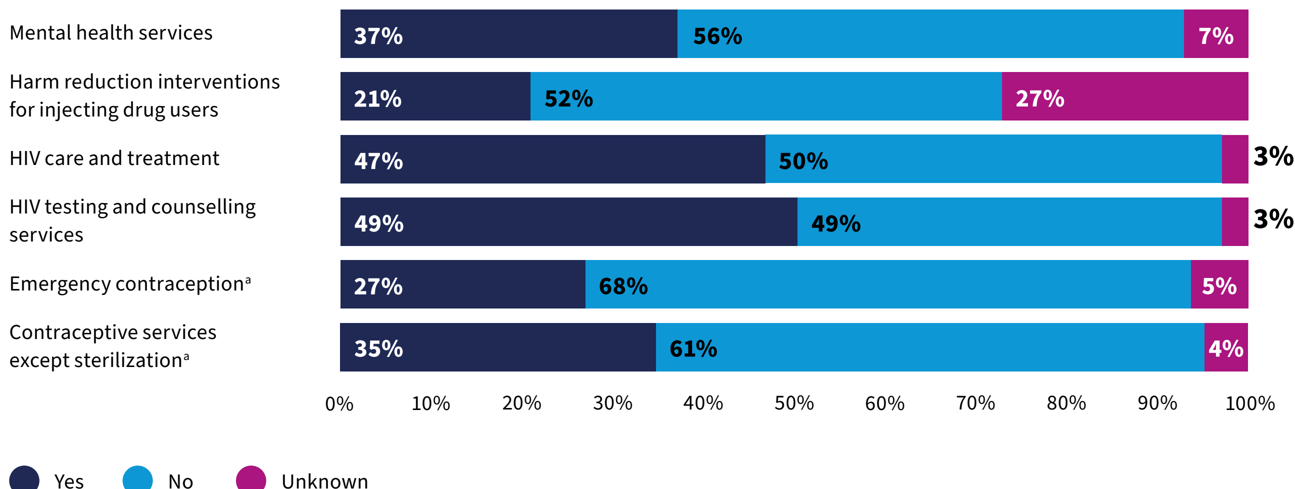
7.6 Existence of national policies/guidelines on age limits for adolescents' ability to consent to certain interventions without parental/ spousal consent

Although the proportion of young women and adolescents who have their need for family planning satisfied with modern methods increased between 2000 and 2020, it remains lower than other age groups *(3)*. To align with WHO recommendations, countries' laws, and policies should support adolescents' access to contraception, regardless of age and marital status, and without mandatory parental or spousal authorization or notification *(45)*.

A significant minority of responding countries have policies/guidelines that stipulate age limits for unmarried adolescents to consent to access to contraceptive services without parental or legal guardian consent and, to a lesser extent, for married adolescents without spousal consent. For consent to contraceptive services excluding sterilization, 35% and 23% of responding countries have age limits for unmarried and married adolescents, respectively, without parental/spousal authorization. An age limit for consent to emergency contraception without parental/spousal consent applies in 27% and 18% of responding countries for unmarried and married adolescents, respectively (Fig. 69).

With respect to other adolescent health services, almost half of responding countries stipulate an age limit for unmarried adolescents to consent to interventions from HIV services without parental consent. Significantly lower proportions of responding countries apply such age limits for married adolescents without spousal consent. A similar difference in proportions is seen for consent requirements for adolescent mental health services. A relatively low proportion (21%) of responding countries have age limits for adolescents consenting to harm reduction interventions for injection drug use without parental consent (Fig. 70).

Fig. 69. Existence of age limit for different types of service for unmarried adolescents to provide consent without parental/legal guardian consent, as reported in 2023 WHO SRMNCAH policy survey and 2020 European child and adolescent health strategy survey

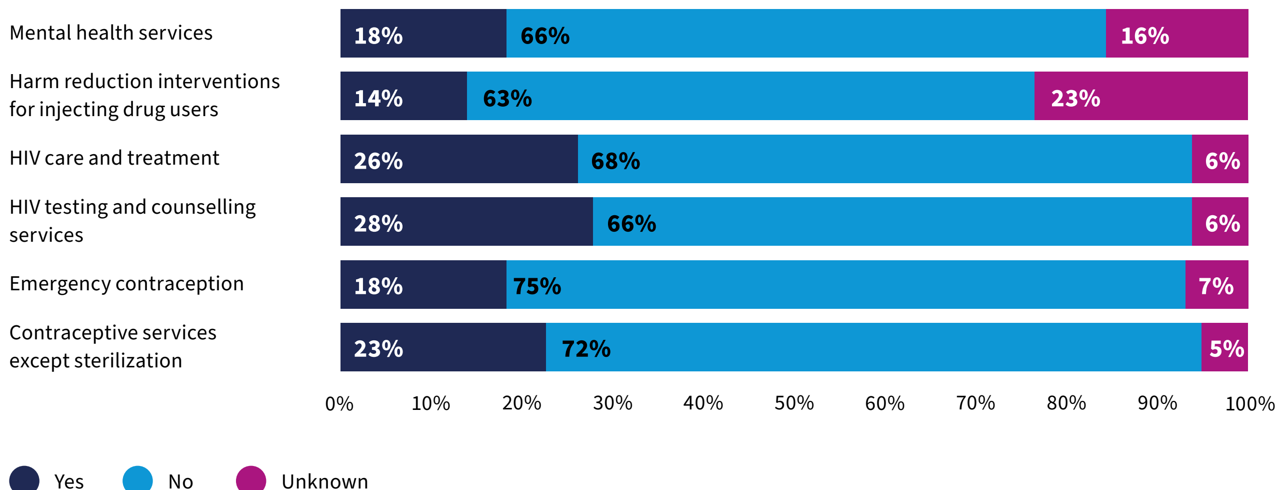


[a] Includes data from European child and adolescent health strategy survey from 34 countries in the European Region.

For contraceptives services, except sterilization, and for emergency contraception, 149 Member States reported on this (2023 WHO SRMNCAH policy survey (AD_20_a, AD_20_b) and 2020 European child and adolescent health strategy endline survey). For all other variables, 115 Member States reported on this (2023 survey: AD_20_c to AD_20_f).

See also Annex 3.

Fig. 70. Existence of age limit for different types of service for married adolescents to provide consent without spousal consent, as reported in 2023 WHO SRMNCAH policy survey



115 Member States reported on this (2023 survey: AD_21_a to AD_21_f).

See also Annex 3.

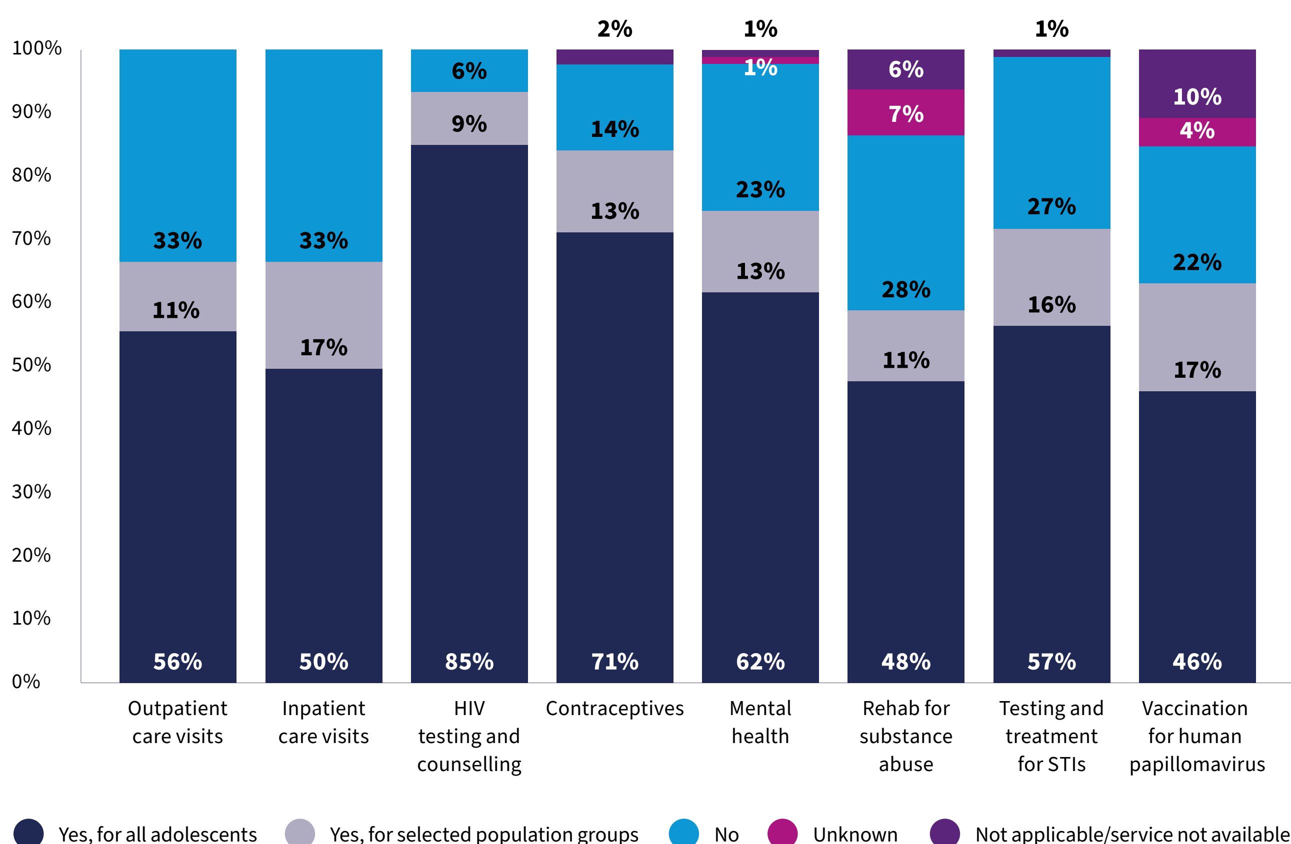
7.7 Availability of national policies exempting user fees for services in the public sector for adolescents

The WHO model of an adolescent-responsive health system is one that ensures adequate financing of a priority package of health services and interventions that addresses adolescents' needs and ensures their protection from financial risk. This includes interventions to reduce the cost of contraceptives or make them free *(41)*. For adolescents, 85% of responding countries have a national policy that exempts user fees for accessing HIV testing and counselling and 71% have a national policy that exempts user fees for access to contraceptives (71%).

Lower proportions of national policies of responding countries exempt user fees for mental health care (62%), testing and treatment for STIs (57%), and outpatient care (56%) in the public sector. Policies on user fee exemptions for adolescents are available in only half or fewer of responding countries for inpatient care (50%), rehabilitation for substance use (48%), and vaccination against human papillomavirus (46%) (Fig. 71).

A small number of responding countries report policies that exempt user fees for public sector health services only for adolescents from selected population groups. They range from 17% of countries for inpatient care and for vaccination against human papillomavirus to 9% for HIV testing and counselling (Fig. 71).

Fig. 71. Exemptions from user fees for adolescents in public sector, per national policy, for specified health services, as reported in 2023 WHO SRMNCAH policy survey



115 Member States reported on this (2023 survey: CC_25_a to CC_25_h).

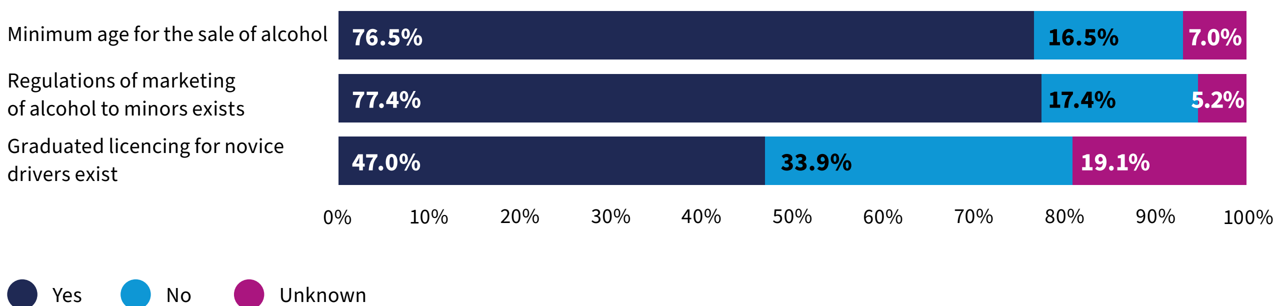
See also Annex 3.

7.8 Availability of national laws/policies on novice drivers and alcohol marketing and sale

Driving and alcohol consumption – both individually and in combination – are especially risky behaviours for adolescents. WHO recommends countries to have a graduated driving licensing system[7], which phases in young drivers' privileges over time *(41)*. However, less than half (47%) of responding countries reported having laws/policies for such a system for novice drivers (Fig. 72).

To align with WHO recommendations, countries' laws/policies should include an appropriate minimum age for purchase or consumption of alcoholic beverages, and restrictions or bans on promotions of alcohol in activities targeting young people *(46)*. In addition, prohibiting the sale of tobacco products to young people under 18 years, increasing the price of tobacco products through higher taxes, banning tobacco advertising, and ensuring smoke-free environments are crucial *(41)*. About three quarters of responding countries have laws/policies stipulating a minimum age for alcohol sales and regulations on marketing alcohol to minors (77% for each).

Fig. 72. Existence of laws/policies to provide graduated licensing for novice drivers, designate a minimum age for the sale alcoholic beverages, and regulate marketing of alcohol to minors, as reported in 2023 WHO SRMNCAH policy survey



Yes No Unknown

115 Member States reported on this (2023 survey: AD_23_a to AD_23_c).
See also Table 5

[7] A graduated licensing system phases in young drivers' privileges over time, such as first an extended learner period involving training and low risk, supervised driving, then a licence with temporary restrictions (for example, on the number of passengers or operation of vehicle during certain hours of the day) and, ultimately, a full licence *(40)*.

Chapter 8

Sexual and reproductive health

8. Sexual and reproductive health

Sexual and reproductive health is integral to the international development agenda, and the SDG targets of ensuring universal access to both sexual and reproductive health and reproductive rights (SDG 5.6) and sexual and reproductive health services (SDG 3.7) rest on the recognition of the basic right of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children and to have the information and means to do so, and the right to attain the highest standard of sexual and reproductive health *(47)*.

8.1 Key points on availability of national guidelines/policies/laws on sexual and reproductive health

Table 6 summarizes the availability of selected policies/ guidelines/laws relevant to sexual and reproductive health. By region, the numbers of responding countries (that is, the denominators) were: African Region: 44 countries; Region of the Americas: 26 countries (not all responded to each question); Eastern Mediterranean Region: 14 countries (not all responded to each question); South-East Asia Region: 11 countries; and Western Pacific Region: 14 countries. Caution is therefore needed in interpreting these data since the relatively low number of responding countries in certain regions means these results cannot be considered representative.

Table 6. Summary of availability of selected policies/guidelines/laws on sexual and reproductive health, by WHO region and World Bank income group, as reported in 2023 WHO SRMNCAH policy survey

	Global (%)	AFR (%)	AMR (%)	EMR (%)	SEAR (%)	WPR (%)	LIC (%)	LMC (%)	UMC (%)	HIC (%)
Strategic plan for sexual and reproductive health[a] (n=153)	77.1	86.4	65.4	78.6	90.9	57.1	91.7	78.7	74.4	68.4
National policies/guidelines on sexual and reproductive health care (n=115)	93.9	97.7	88.5	100	100	85.7	100	97.8	90.6	75
National policies/guidelines that delineate competencies for health providers in provision of sexual and reproductive health care (n=115)	83.5	86.4	84.6	85.7	90.9	64.3	83.3	82.6	84.4	83.3
National policy/guideline on family planning/ contraception[a] (n=152)	86.8	97.7	92.3	100	100	78.6	95.8	100	88.4	62.2
National clinical practice guidelines on family planning/ contraception (n=115)	95.7	100	100	92.9	100	71.4	95.8	97.8	100	83.3
National policies /guidelines on STI diagnosis, treatment and counselling (n=115)	95.7	100	88.5	92.9	100	100	100	97.8	90.6	91.7
National policy/guideline that addresses screening for syphilis during antenatal care (n=110)	94.5	100	100	61.5	100	100	83.3	95.6	100	100

Table 6 (continued). Summary of availability of selected policies/guidelines/laws on sexual and reproductive health, by WHO region and World Bank income group, as reported in 2023 WHO SRMNCAH Policy Survey

	Global (%)	AFR (%)	AMR (%)	EMR (%)	SEAR (%)	WPR (%)	LIC (%)	LMC (%)	UMC (%)	HIC (%)
National policy/guideline for STIs includes a recommendation on integrating HIV and STI testing (n=110)	97.3	97.7	100	92.3	100	92.9	100	93.3	100	100
National cervical cancer prevention and control policy/guideline[a] (n=154)	81.8	79.5	84.6	42.9	100	78.6	70.8	80.9	86	84.6
Laws/policies/guidelines on infertility management[a] (n=154)	57.1	56.8	34.6	42.9	63.6	64.3	54.2	48.9	55.8	71.8
National policies/laws/guidelines on sexual health services (n=115)	78.3	84.1	92.3	28.6	90.9	78.6	62.5	80.4	90.6	66.7
National policy/guideline on self-care interventions for sexual and reproductive health (n=115)	41.7	45.5	30.8	28.6	63.6	35.7	54.2	41.3	34.4	41.7

HIC: high-income country, LIC: low-income country, LMC: lower-middle-income country, UMC: upper-middle-income country.

[a] Includes data from 2021 European action plan for sexual and reproductive health survey.

See also Annex 2.

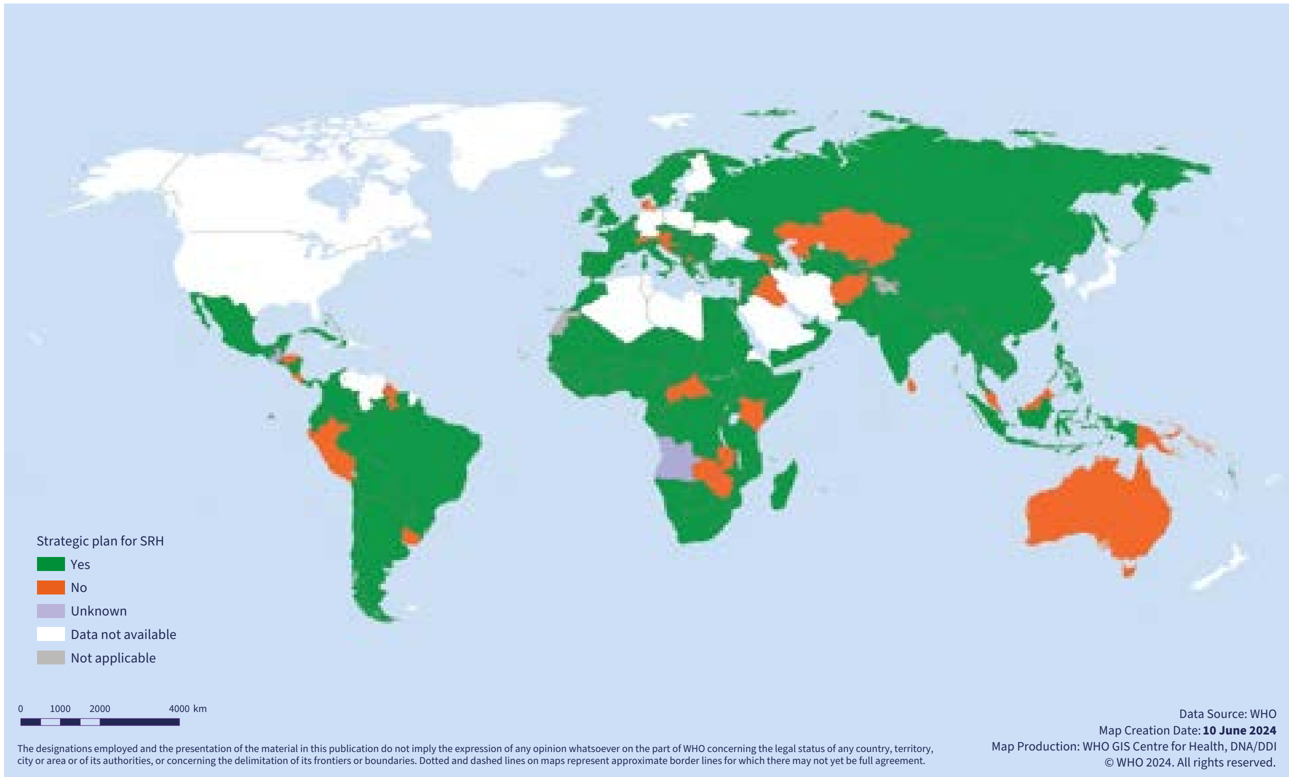
Indicates lowest proportion of Member States reporting existence of policy/guideline/law or highest proportion reporting absence of restrictive aspects of a policy/guideline/law. Indicates low proportion of Member States reporting existence of policy/guideline/law or high proportion reporting absence of restrictive aspects of a policy/guideline/law Indicates intermediate proportion of Member States reporting either existence of policy/guideline/law or absence of restrictive aspects of a policy/guideline/law Indicates high proportion of Member States reporting existence of policy/guideline/law or low proportion reporting absence of prohibitive aspects of a policy/guideline/law Indicates highest proportion of Member States reporting existence of policy/guideline or lowest proportion reporting the absence of restrictive aspects of a policy/guideline/law

- Availability of national strategic plans for sexual and reproductive health varies markedly by region. The proportions of responding countries in the Americas and Western Pacific regions national strategic sexual and reproductive health plans are notably low, at 64% and 57%.
- The availability of national policies and national clinical practice guidelines on family planning/contraception is high across all regions.
- Almost all responding countries have national policies / guidelines on STI diagnosis, treatment, and counselling that includes a recommendation on integrating HIV and STI testing and a national policy/guideline on screening for syphilis during antenatal care. The only apparent regional exception is the 62% of responding countries of the Eastern Mediterranean Region with national policies/guidelines on screening for syphilis during antenatal care, which is notably lower than other regions.
- Only the South-East Asia Region reported that all countries have a national cervical cancer prevention and control policy/guideline. The very low proportion of responding countries (43%) in the Eastern Mediterranean Region with policies/guidelines on cervical cancer control may indicate a policy gap.
- Coverage of national governance of infertility management is relatively low across all regions, indicating a need to increase the availability of laws/policies/guidelines globally. The regional proportions of responding countries with laws/policies/guidelines on infertility management vary from about one third of responding countries of the Region of the Americas to over 60% in the South-East Asia and Western Pacific regions.
- In the Eastern Mediterranean Region, there is significant scope to increase the proportion of responding countries with national policies/laws/guidelines on sexual health services beyond the current 29%.
- Forty-two per cent of responding countries overall have a national policy/guideline on self-care interventions for sexual and reproductive health.

8.2 Availability of national strategic plans/policies/guidelines on sexual and reproductive health care

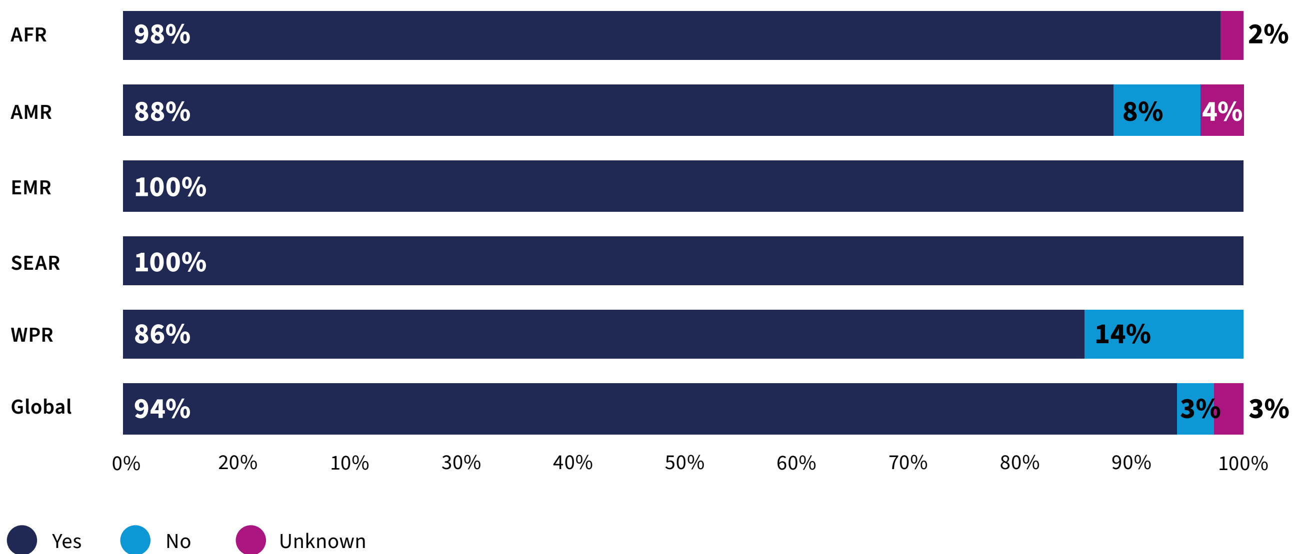
Seventy-seven per cent of responding countries have a strategic sexual and reproductive health plan (Fig. 73). However, almost all (94%) report having national policies/guidelines on sexual and reproductive health care (Fig. 74).

Fig. 73. Strategic plan exists for sexual and reproductive health, as reported in 2023 WHO SRMNCAH policy survey and 2021 European action plan for sexual and reproductive health survey



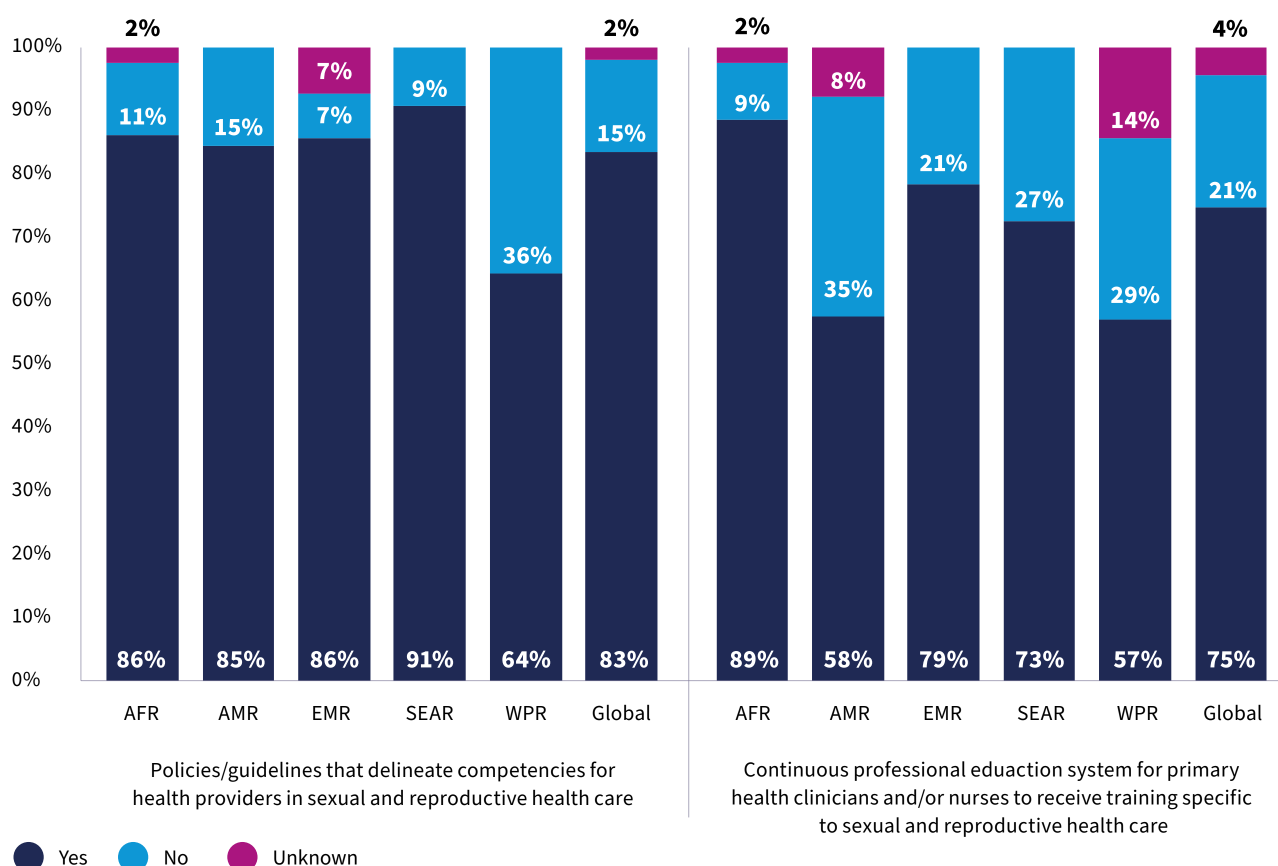
153 Member States reported on this (2023 WHO SRMNCAH policy survey (RH_07) and 2021 European action plan for sexual and reproductive health survey (Q9a)). See also Table 6.

Fig. 74. National policies/guidelines on sexual and reproductive health care, by WHO region, as reported in 2023 WHO SRMNCAH policy survey



115 Member States reported on this (2023 survey: RH_08).

Fig. 75. Policies/guidelines for competencies and continuous professional education for health providers in sexual and reproductive health care, by WHO region, as reported in 2023 WHO SRMNCAH policy survey



115 Member States reported on this (2023 survey: RH_10, RH_11).

To aid national policy-makers, WHO has collated interventions relating to sexual and reproductive health within the WHO *Repository of interventions for universal health coverage (48)*. The vast majority of these interventions can and should be provided through primary health care. Ensuring the competencies of the primary health workforce is therefore essential to expanding access to sexual and reproductive health services *(49)*. Eighty-three per cent of all responding countries have policies/guidelines delineating the required competencies for health workers providing sexual and reproductive health services, but a lower proportion (75%) specify continuous professional education in sexual and reproductive health for primary health workers (Fig. 75).

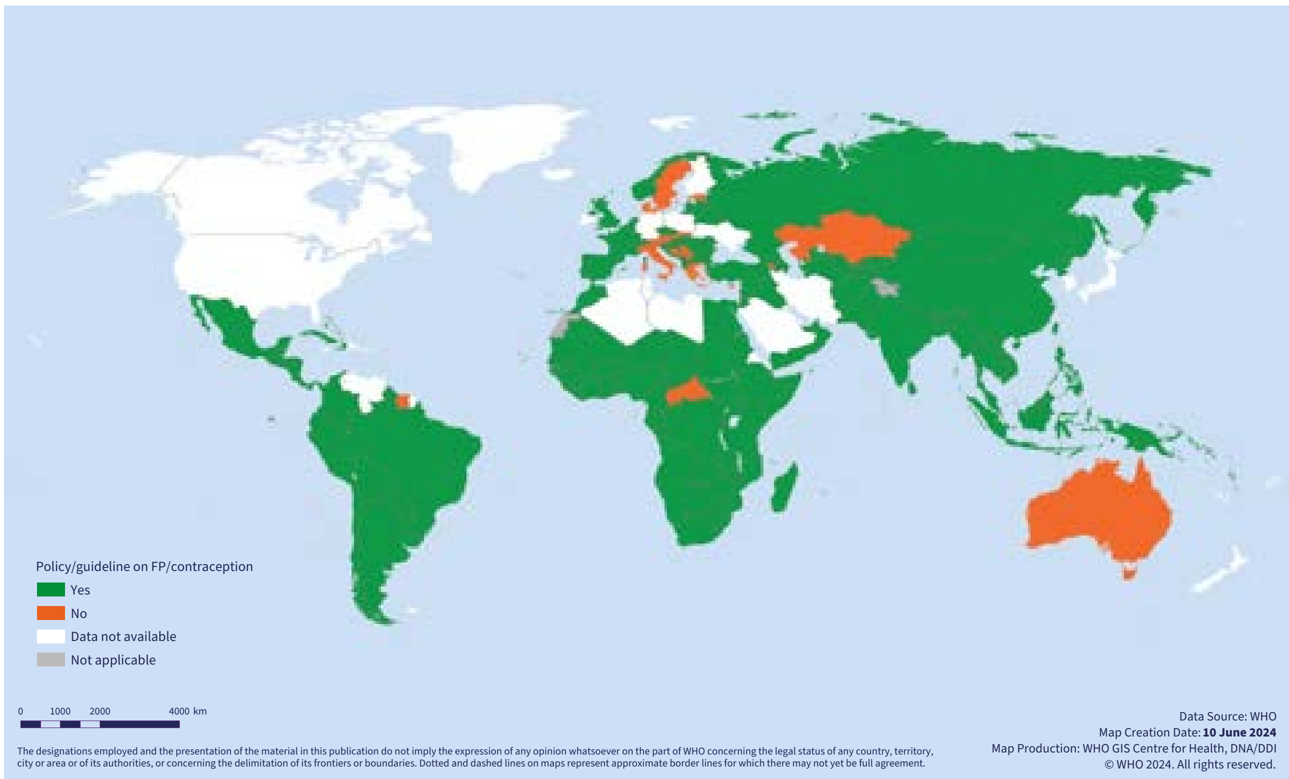
By region, the South-East Asia Region has the highest proportion of responding countries with policies/ guidelines on required competencies for providers of sexual and reproductive health care, although the proportions for the African, Americas, and Eastern Mediterranean regions are over 80%; the Western Pacific Region has the lowest proportion (64%). A different pattern of variation among regions is seen in the proportions of responding countries with policies / guidelines on continuous professional education in sexual and reproductive health for primary health workers (Fig. 75).

8.3 Availability of national policies/guidelines on family planning/contraception

In 2023, an estimated 78% of women of reproductive age (15–49 years) had their need for family planning satisfied with modern methods. This varied from 58% in the African Region to 87% of women of reproductive age in the Western Pacific Region *(50)*. Overall, 87% of responding countries have national policies/guidelines on family planning/contraception (Fig. 76).

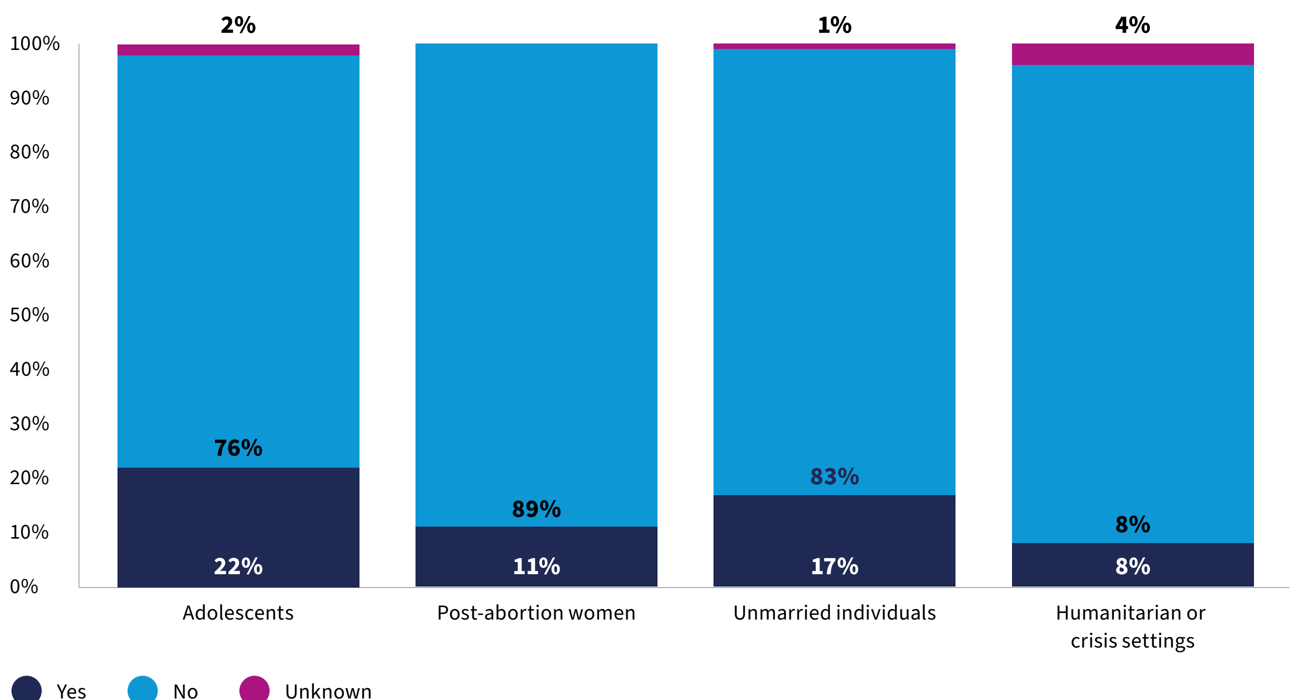
WHO recommends that laws and policies support programmes to ensure that comprehensive contraceptive information and services are provided to all segments of the population *(51)*. In contrast to this guidance, a significant minority of responding countries restrict or limit access to population segments, such as adolescents (22%), unmarried individuals (17%), and other groups (Fig. 77).

Fig. 76. National policy/guideline on family planning/contraception, as reported in 2023 WHO SRMNCAH policy survey and 2021 European action plan for sexual and reproductive health survey



152 Member States reported on this (2023 WHO SRMNCAH policy survey (RH_13) and 2021 European action plan for sexual and reproductive health survey (Q15)). See also Table 6.

Fig. 77. National policy/guideline on family planning/contraception has provisions that restrict access to these services to selected population groups, as reported in 2023 WHO SRMNCAH policy survey



109 Member States reported on this (2023 survey: RH_14_a to RH_14_d).
See also Annex 3.

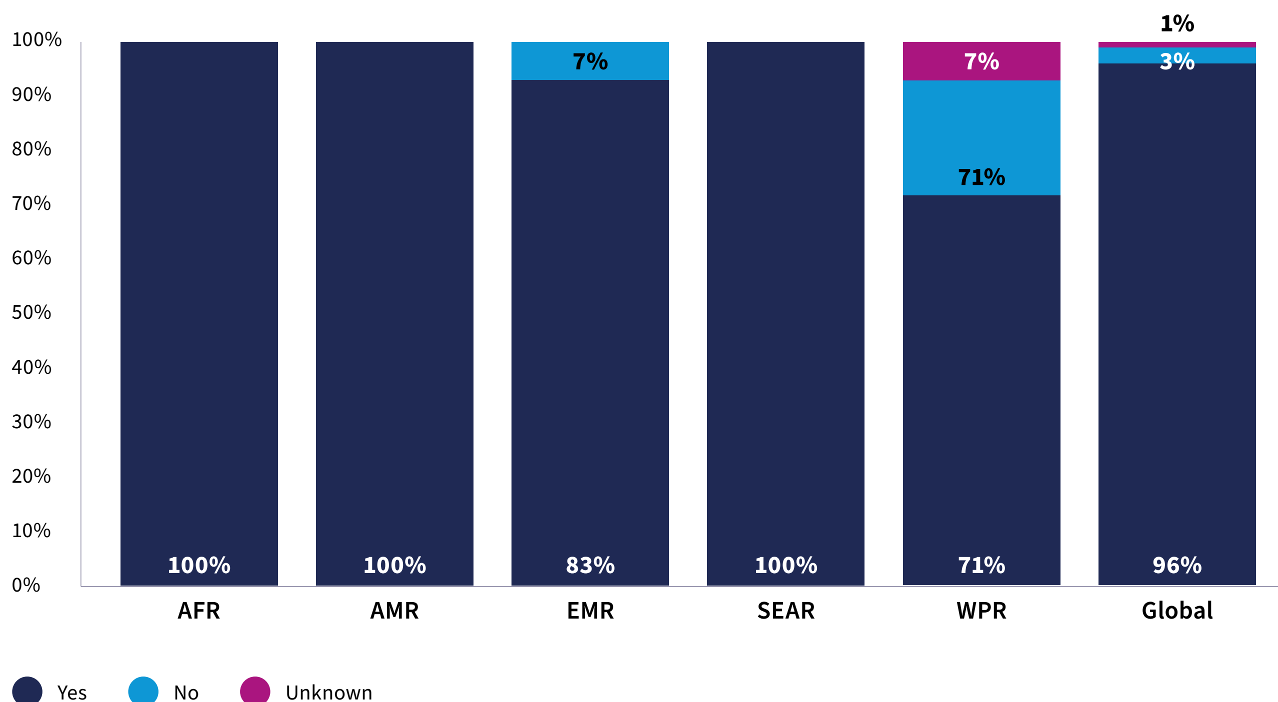
8.3.1 Availability of national clinical practice guidelines on family planning/contraception

National clinical practice guidelines on family planning/contraception are available across all responding countries in the African Region, Region of the Americas and the South-East Asia Region, and in 93% of those in the Eastern Mediterranean Region and 71% of responding countries in the Western Pacific Region (Fig. 78).

Limiting the provision of contraceptive services to specialist doctors alone significantly reduces access in many settings. Access to services can be significantly expanded when other cadres of health workers with appropriate competency-based training and supervision are authorized to perform certain contraceptive procedures *(52)*. WHO makes the following recommendations.

- WHO considers that administration of injectable contraceptives is within the typical competencies of nurses, midwives, and non-specialist doctors. WHO recommends that this service may also be provided by auxiliary nurses and auxiliary nurse midwives and recommends that CHWs may provide this service with targeted monitoring and evaluation *(52)*.
- WHO considers that insertion and removal of intrauterine devices is within the typical competencies of non-specialist doctors. WHO recommends that this service may also be provided by auxiliary nurse midwives, nurses, and midwives. WHO also recommends that insertion and removal of intrauterine devices can be provided by auxiliary nurses but only in the context of rigorous research and does not recommend that CHWs should provide this service *(52)*.
- WHO considers that insertion and removal of contraceptive implants is within the typical competencies of non-specialist doctors. WHO guidelines recommend that this service can be provided by nurses and midwives. WHO recommends that this service can be provided by auxiliary nurses and auxiliary nurse midwives under monitoring and evaluation. WHO recommends that CHWs should only insert and remove of contraceptive implants in the context of rigorous research *(52)*.

Fig. 78. National clinical practice guidelines on family planning/contraception, by WHO region, as reported in 2023 WHO SRMNCAH policy survey



115 Member States reported on this (2023 survey: RH_15).

More than 80% of responding countries reported that family doctors are allowed to independently perform these three services. Although nearly 80% of responding countries permit midwives and nurses to administer injectable contraceptives independently, substantially lower proportions allow midwives and nurses to insert and remove intrauterine devices or contraceptive implants independently (Fig. 79). Regarding insertion and removal of intrauterine devices, 19% and 34% of responding countries allow auxiliary midwives and auxiliary nurses, respectively, to provide this service independently. Twenty-three per cent of responding countries stated that CHWs are allowed to administer injectable contraceptives independently (Fig. 79).

Fig. 79. Cadres of health workers allowed to independently perform selected services, other than a specialist doctor, as reported in 2023 WHO SRMNCAH policy survey

	CHWS/ Lay workers	Auxiliary midwife	Auxiliary nurse	Midwife	Nurse	Family doctor
Injectable contraceptive administration	23%	19%	34%	77%	79%	89%
Intrauterine device insertion and removal	1%	8%	8%	65%	52%	89%
Implant insertion and removal	1%	6%	7%	58%	47%	83%

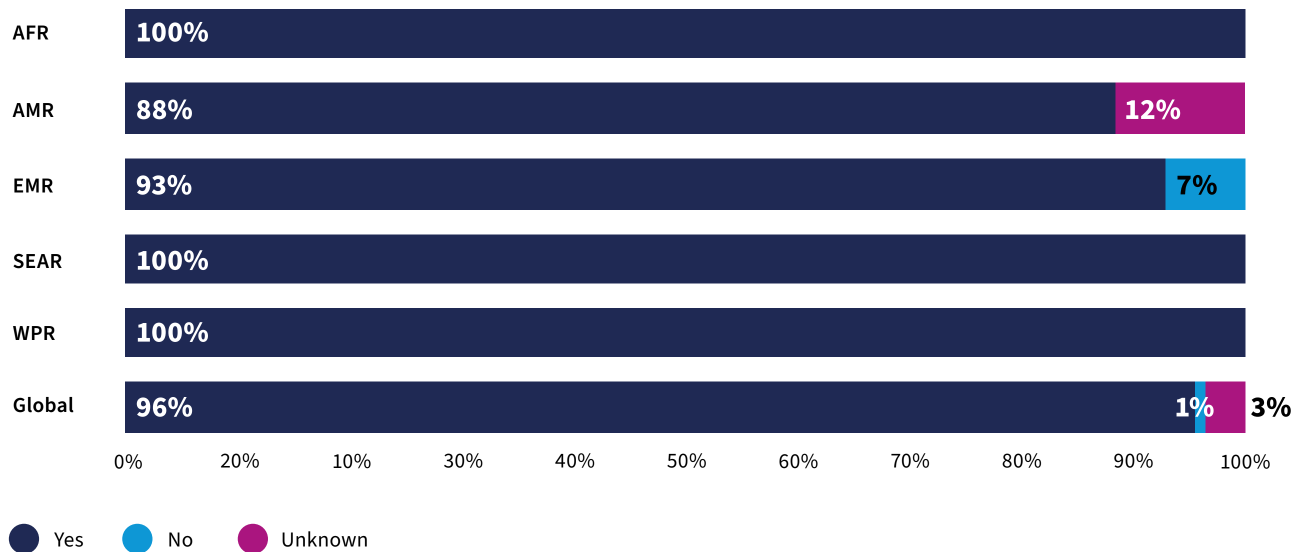
115 Member States reported on this (2023 survey: RH_16_a to RH_16_c).
See also Annex 3.

8.4 Availability of national policies/guidelines on STIs

Almost all (96%) of responding countries have a national policy/guideline for STI diagnosis, treatment, and counselling (Fig. 80).

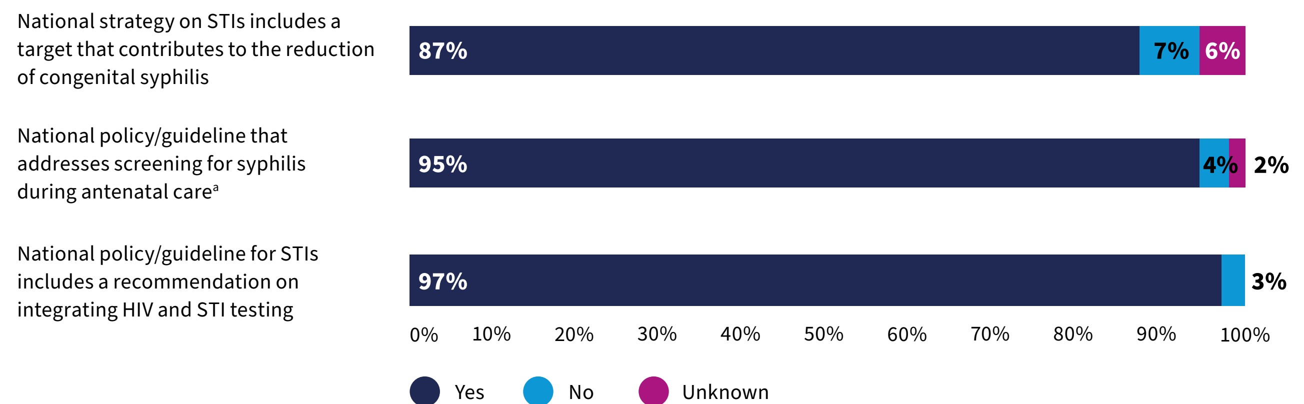
To prevent mother-to-child transmission of syphilis, all pregnant women should be screened for syphilis at the first antenatal care visit in the first trimester and again in the third trimester of pregnancy (15). Eighty-seven per cent of responding countries have a national strategy on STIs that includes a target that contributes to the reduction of congenital syphilis. In 97% of responding countries, national policy/guideline for STIs includes a recommendation on integrating HIV and STI testing. A similarly high proportion of responding countries (95%) report that the national policy/guideline addresses screening for syphilis during antenatal care (Fig. 81).

Fig. 80. National policies /guidelines on STI diagnosis, treatment, and counselling, by WHO region, as reported in 2023 WHO SRMNCAH policy survey



115 Member States reported on this (2023 survey: RH_18).

Fig. 81. Content of national strategies/policies /guidelines on STIs, as reported in 2023 WHO SRMNCAH policy survey



110 Member States reported on this (2023 survey: RH_19-RH_21).

[a] Due to rounding, the total displayed here appears as over 100%.

See also Annex 3.

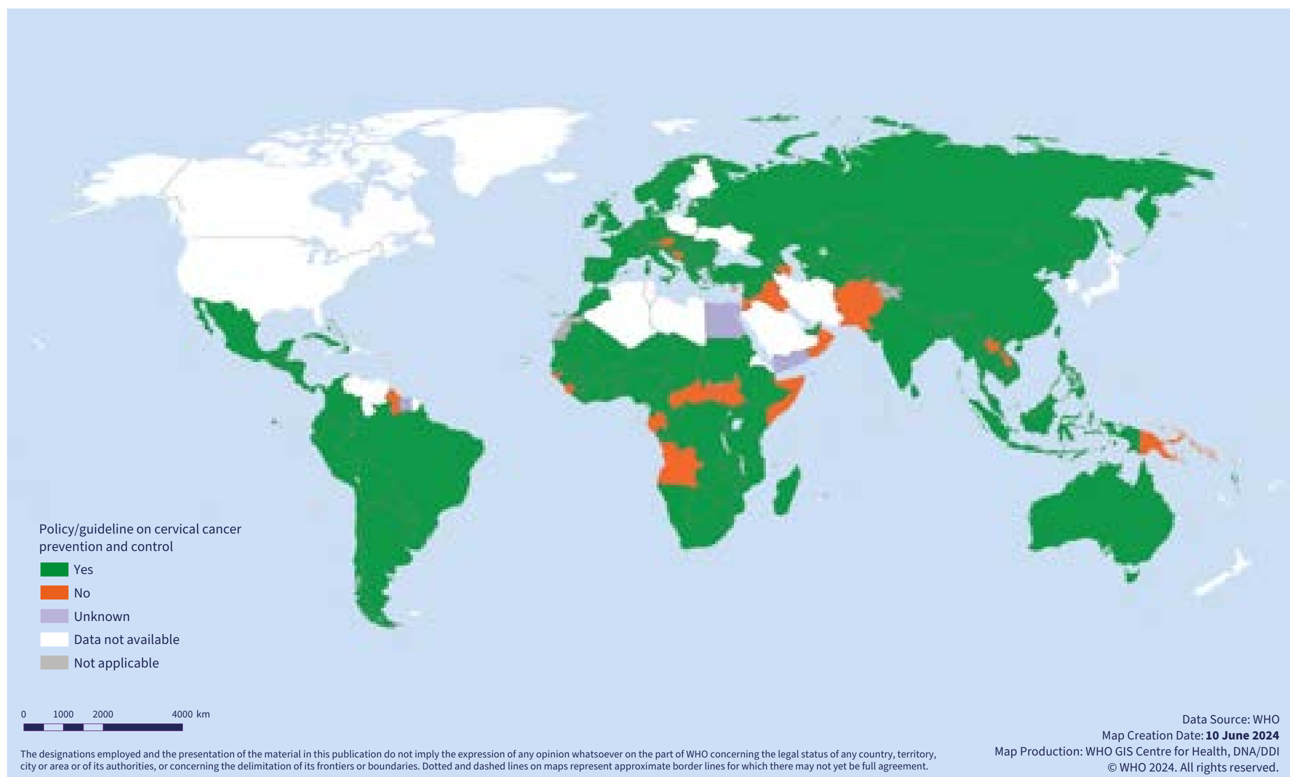
8.5 Availability and components of national policies/guidelines on comprehensive national cervical cancer prevention

WHO's *Global strategy towards the elimination of cervical cancer as a public health problem* delineates the key components of national policies to eliminate cervical cancer and emphasizes the need to embed such policies into national strategies to reach universal health coverage *(53)*. Eighty-two per cent of all responding countries reported having a national cervical cancer prevention and control policy/guideline (Fig. 82).

8.5.1 Availability of national policies exempting user fees for cervical cancer services in the public sector

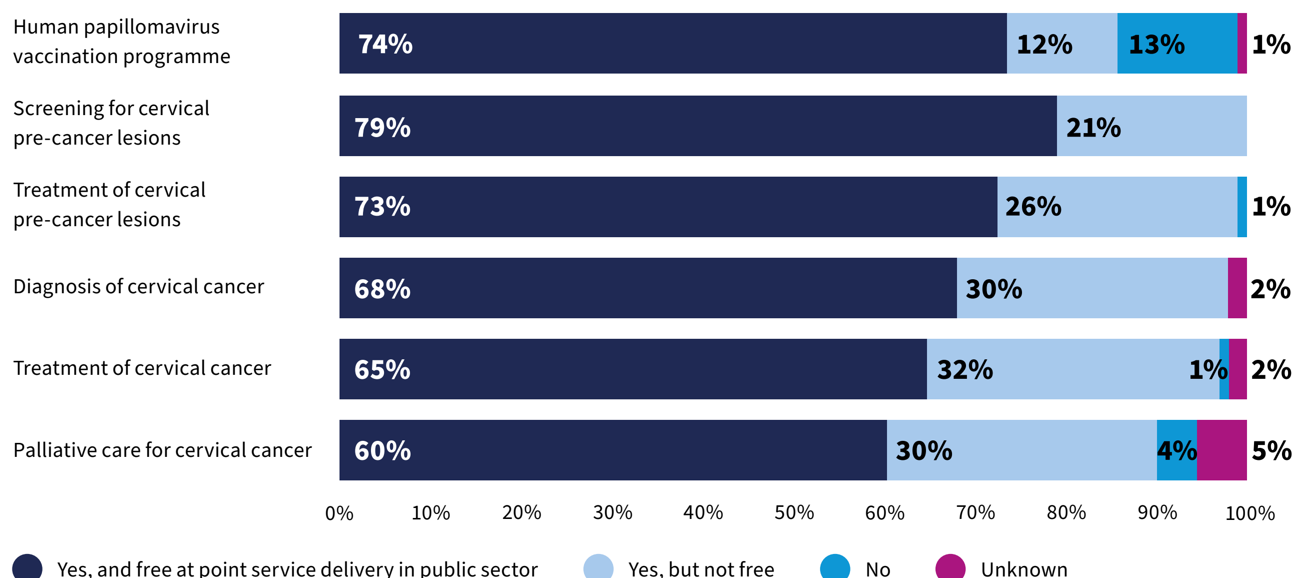
Sustainable financing for cervical cancer programmes should ideally be secured through domestic resource mobilization, increased efficiencies in the health system, and ensuring that user fees are not imposed on the poorest, thereby safeguarding their financial protection *(53)*. Among responding countries with a national cervical cancer prevention and control policy/guideline, the proportions stipulating that certain services are exempt from user fees in the public sector are over 70% for screening for cervical pre-cancer lesions, human papillomavirus vaccination, and treatment of cervical pre-cancer lesions. National policies exempt user fees in 60% or more of responding countries for diagnosis, treatment, and palliative care services related to cervical cancer in the public sector (Fig. 83).

Fig. 82. Existence of national cervical cancer prevention and control policy/guideline, as reported in 2023 WHO SRMNCAH policy survey and 2021 European action plan for sexual and reproductive health survey



154 Member States reported on this (2023 WHO SRMNCAH policy survey (RH_23) and 2021 European action plan for sexual and reproductive health survey (Q25)). See also Table 6.

Fig. 83. Services recommended in national policy/guideline on cervical cancer prevention and control as reported in 2023 WHO SRMNCAH policy survey

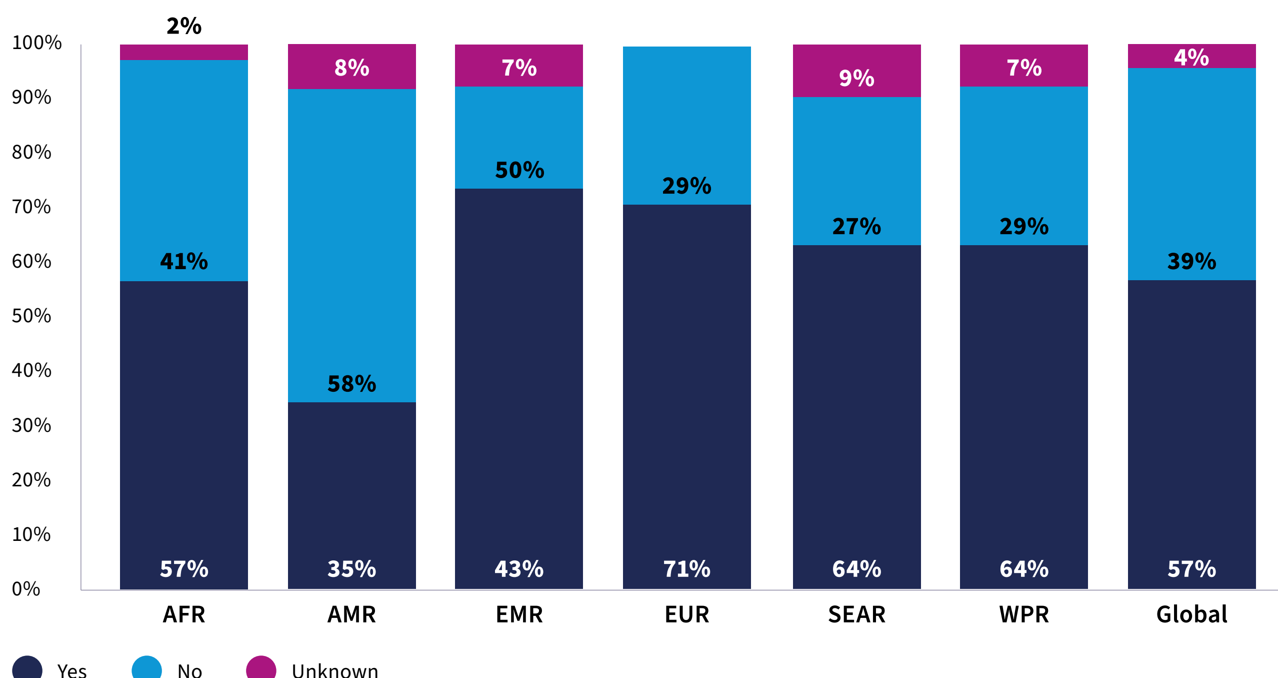


91 Member States reported on this (2023 WHO SRMNCAH policy survey (RH_24_a to RH_24_f)).
See also Annex 3.

8.6 Availability of national laws/policies/guidelines on, and financial support for, infertility management

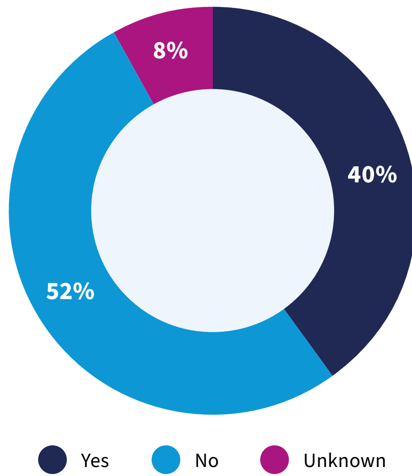
More than half (57%) of responding countries overall report having laws/policies/guidelines on infertility management (Fig. 84). Only 40% of responding countries report having programmes of financial support for an individual to use assisted fertility services (Fig. 85).

Fig. 84. Laws/policies/guidelines on infertility management, by WHO region, as reported in 2023 WHO SRMNCAH policy survey and 2021 European action plan for sexual and reproductive health survey



154 Member States reported on this (2023 WHO SRMNCAH policy survey (RH_26) and 2021 European action plan for sexual and reproductive health survey (Q23)).

Fig. 85. Existence of programmes that provide financial support for the individual use of assisted fertility services, as reported in 2023 WHO SRMNCAH policy survey and 2021 European action plan for sexual and reproductive health survey

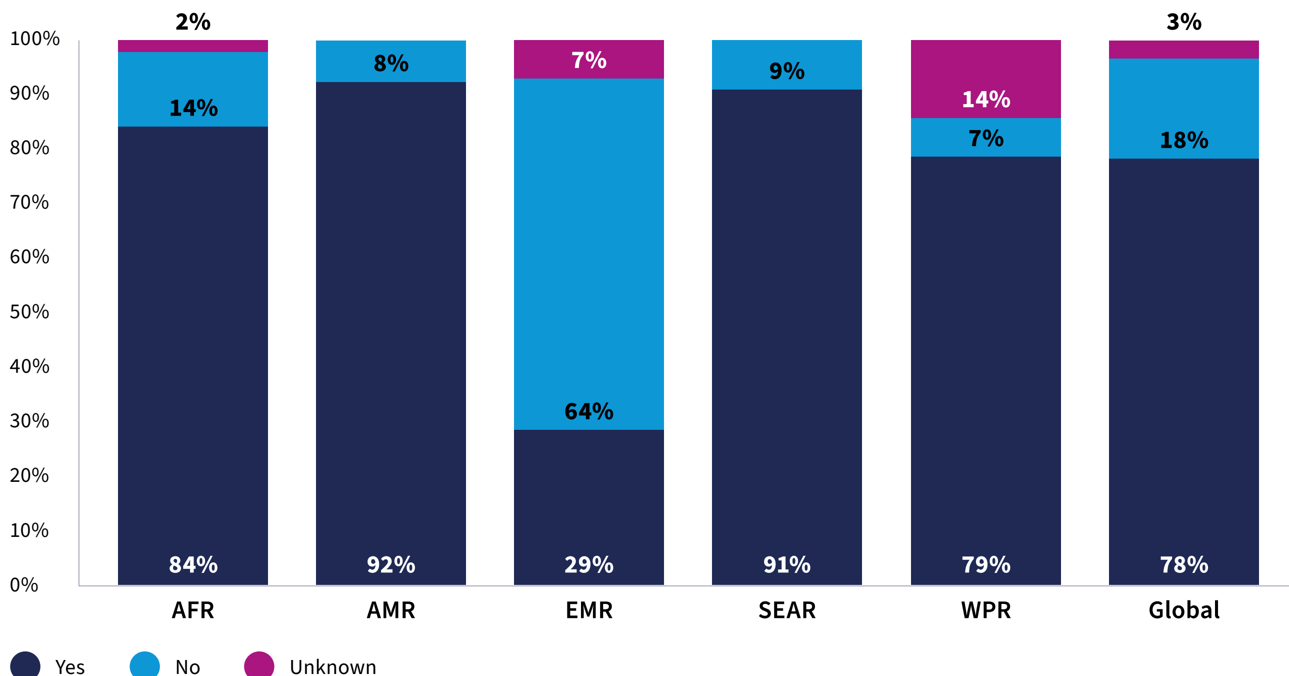


97 Member States reported on this (2023 WHO SRMNCAH policy survey (RH_28) and 2021 European action plan for sexual and reproductive health survey (Q24)).

8.7 Availability of national laws/policies/guidelines on sexual health

Overall, 78% of responding countries report having national policies/laws/guidelines on sexual health services. The Region of the Americas (92%) and the South-East Asia Region (91%) have the highest proportions of responding countries with such policies/laws/guidelines, followed by the African Region (84%), and the Western Pacific Region (79%). The Eastern Mediterranean Region has the lowest proportion of responding countries with national policies/laws/guidelines on sexual health services (29%) (Fig. 86).

Fig. 86. Existence of national policies/laws/guidelines on sexual health services, by WHO region, as reported in 2023 WHO SRMNCAH policy survey



115 Member States reported on this (2023 survey: RH_31).

8.7.1 Availability of non-discrimination provisions in national policies/guidelines/laws on sexual health services

The availability of certain non-discrimination provisions in responding countries' policies/guidelines/laws on sexual health services varies. Overall, 83% of responding countries report the existence of provisions for non-discrimination based on disability, with somewhat lower proportions reporting provisions for non-discrimination by gender identity (74%) and sexual orientation (68%) (Fig. 87). Only 71% of responding countries have provisions for non-discrimination of commercial sex workers in sexual health services.

8.7.2 Availability of a policies/laws prohibiting harmful practices

Among responding countries, only 16% report that a policy/law prohibiting sex selection exists. A similarly low proportion (14%) prohibit virginity testing (Fig. 88). Significantly higher proportions of responding countries reported having policies/laws prohibiting early/forced marriage and prohibiting female genital mutilation (69% and 42%, respectively).

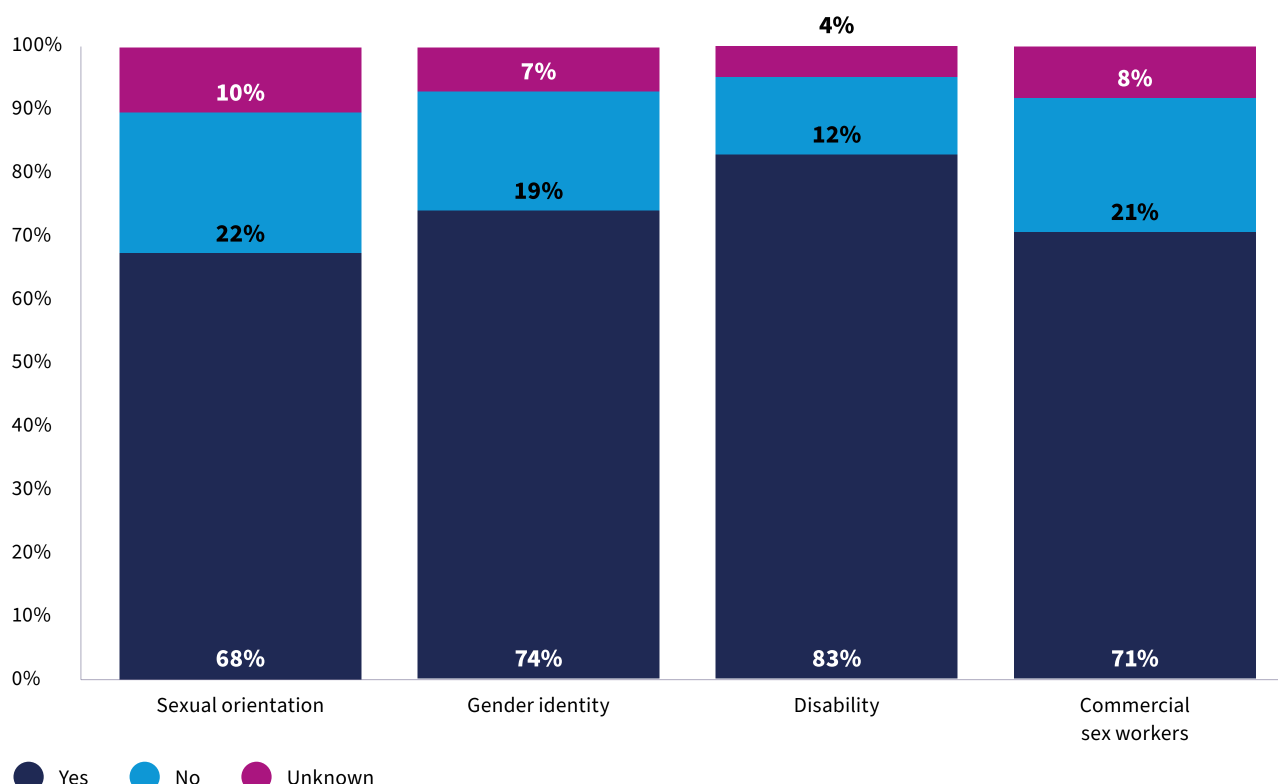
8.7.3 Existence of policies/laws prohibiting same-sex relationships or behaviours

Laws that criminalize consensual same-sex relations give rise to several separate but interrelated human rights violations *(54)*. Despite this, same-sex relationships or behaviours are prohibited by policy or law in 29% of the responding countries (Fig. 88). Even if they are never enforced, such laws breach State obligations under international human rights norms and standards and have many negative consequences for health *(54)*.

8.7.4 Availability of national policies/guidelines/laws on mandatory comprehensive sexuality education in the regular education system

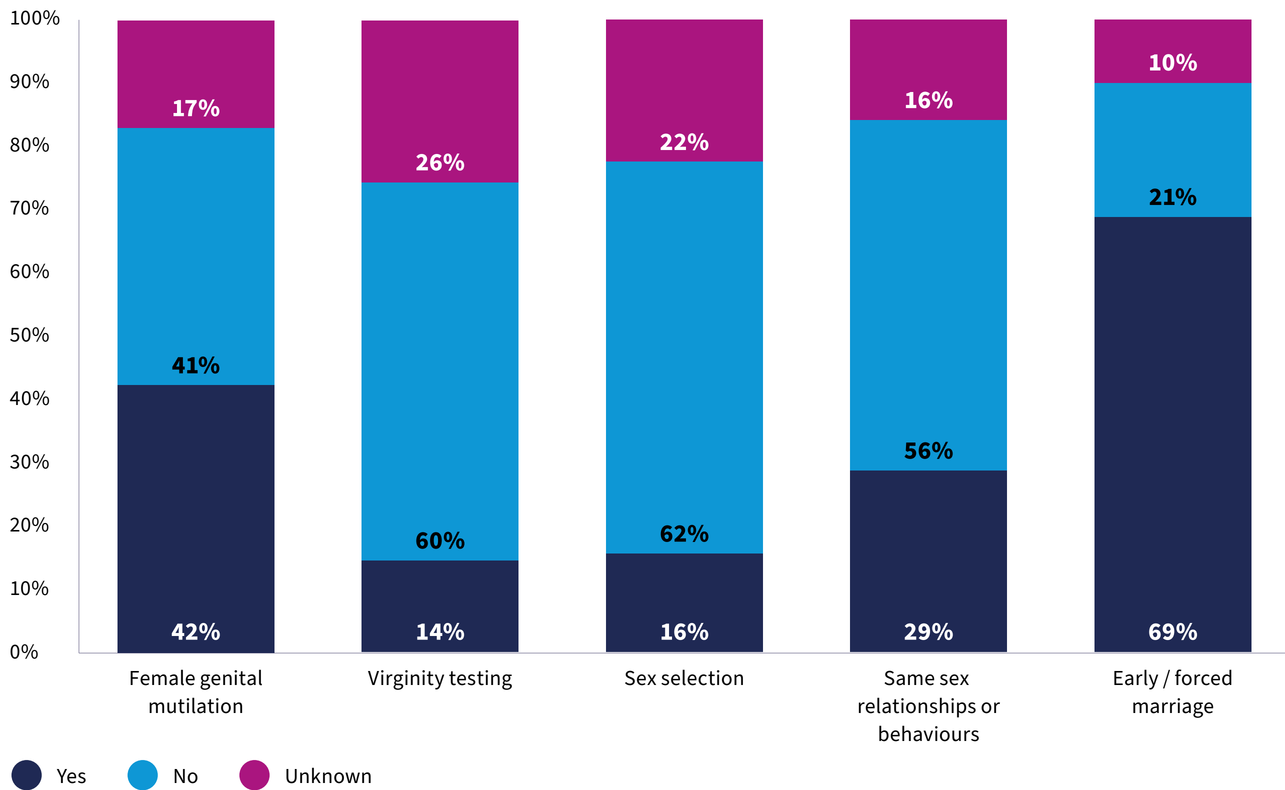
WHO and other UN organizations recommend that school-based comprehensive sexuality education should be clearly mandated in national policy and legal frameworks *(55)*. Despite this endorsement, only 69% of responding countries overall have policies/laws/guidelines on mandatory comprehensive sexuality education in the regular education system (Fig. 89). In most regions, at least 70% of responding countries have such policies/laws/guidelines for mandatory comprehensive sexuality education, although the proportion in the Western Pacific Region is only 45%.

Fig. 87. Provisions for non-discrimination against selected criteria/groups included in laws/policies/guidelines on sexual health, as reported in 2023 WHO SRMNCAH policy survey



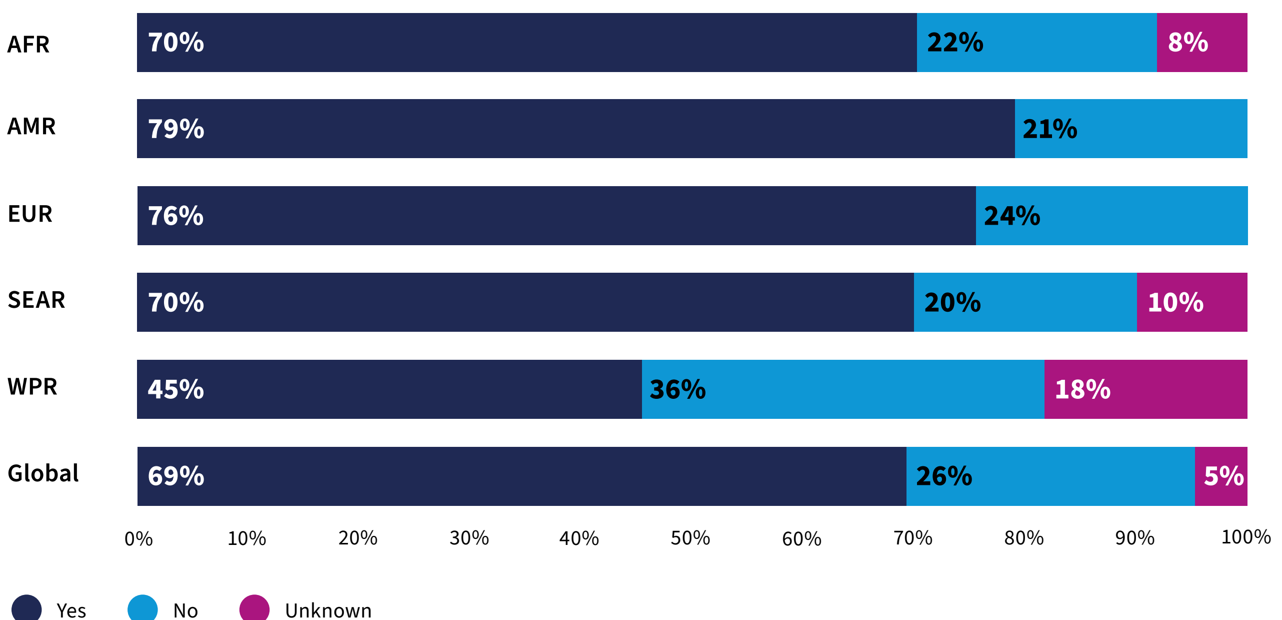
90 Member States reported on this (2023 survey: RH_32_a to RH_32_d).
See also Annex 3.

Fig. 88. Existence of policies/laws that prohibit various actions, behaviours, or relationships, as reported in 2023 WHO SRMNCAH policy survey



90 Member States reported on this (2023 survey: RH_33_a to RH_33_e).
See also Annex 3.

Fig. 89. Policies /laws/guidelines for mandatory comprehensive sexuality education as part of the regular educational curriculum, by WHO region, as reported in 2023 WHO SRMNCAH policy survey and 2021 European action plan for sexual and reproductive health survey

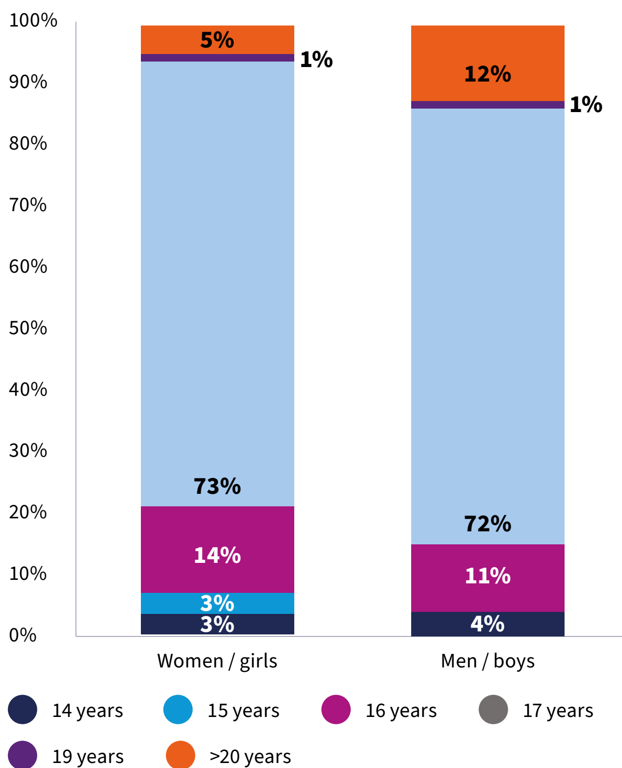


127 Member States reported on this (2023 WHO SRMNCAH policy survey (RH_34) and 2021 European action plan for sexual and reproductive health survey (Q10)). There were only four responses to this question from countries in the Eastern Mediterranean Region in the 2023 survey, which is not representative of the whole region. A regional value for the Eastern Mediterranean Region therefore is not depicted in this figure. The four responding countries are, however, accounted for in the global summary values in the figure.

8.7.5 Availability of national policies/laws on the minimum age of consent to marriage

Child marriage disproportionately affects girls and increases their likelihood of experiencing domestic violence, contracting HIV/AIDS, and becoming pregnant while still a child *(56)*. Of the 90 countries that reported on the existence of national policies/laws stating the minimum age of consent to marriage, 87 reported that such a policy/law exists. Eighty-six of the 90 countries specified a minimum marriage age for women/girls and 81 specified a minimum marriage age for men/boys. Most reported a minimum age of 18 years (73% of responding countries for women/girls, 72% of responding countries for men/boys) (Fig. 90).

Fig. 90. Minimum age of consent to marriage for women/girls and men/boys, as reported in 2023 WHO SRMNCAH policy survey



Represents written-in responses to RH_35_a (n=86 member states) and RH_35_b (n=81 member states) in 2023 survey.

8.8 Availability of national policies/guidelines on self-care interventions for sexual and reproductive health

Self-care interventions are a promising new approach to improve sexual and reproductive health, rights and well-being *(57)*. A 2022 WHO guideline recommends a range of self-care interventions relevant to sexual and reproductive health and rights for all economic settings *(57)*.

This is the first time that questions specific to self-care for sexual and reproductive health were included in the WHO SRMNCAH policy survey. Only 48 (42%) of the responding countries reported having a national policy/guideline on self-care interventions for sexual and reproductive health (Fig. 91). Among these 48 countries, most reported that their national policy/guideline on self-care interventions for sexual and reproductive health includes self-use of contraceptives and over-the counter sexual and reproductive health products, devices, and diagnostics without a prescription; less than one third reported inclusion of self-management of medical abortion in the first trimester (Table 7).

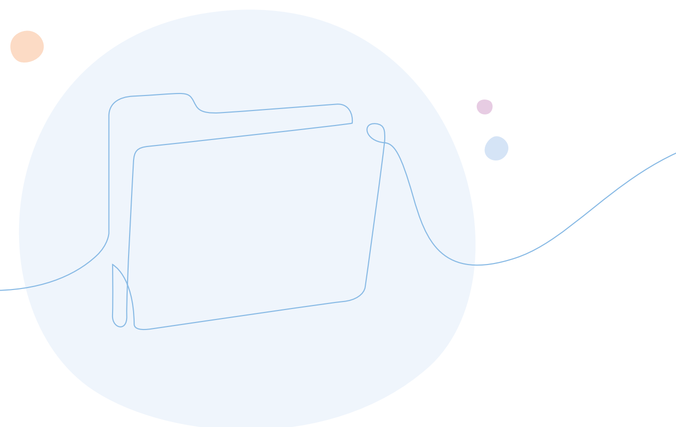
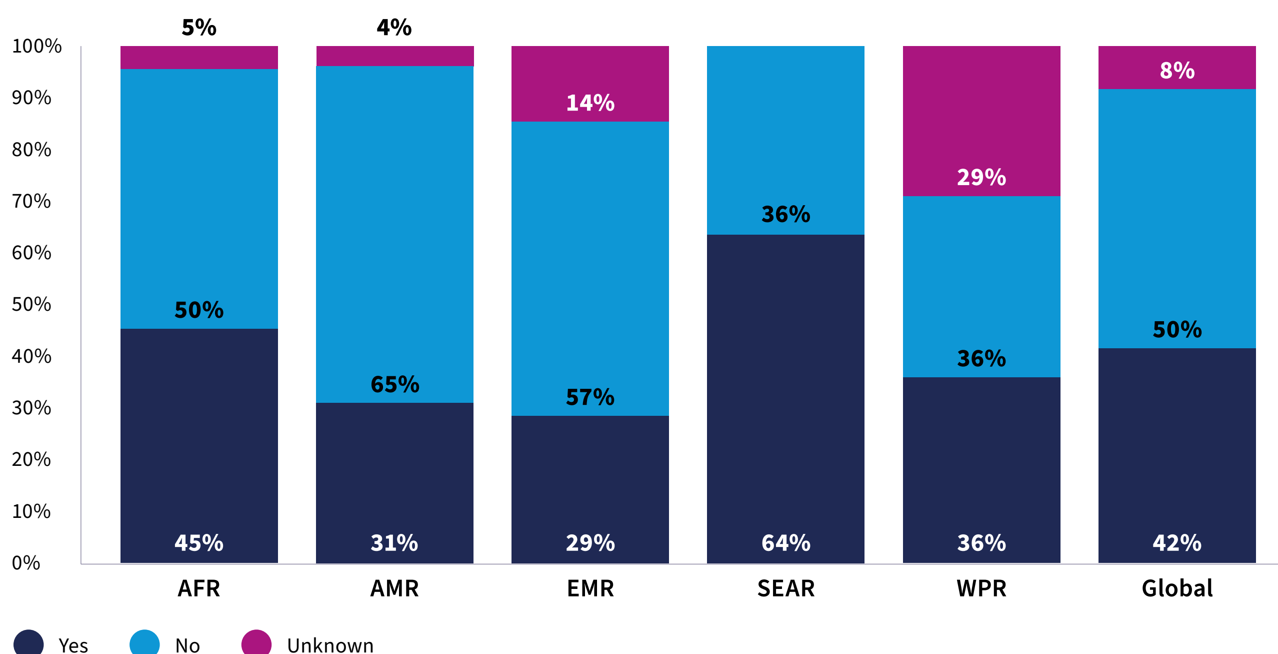


Fig. 91. Existence of national policy/guideline on self-care interventions for sexual and reproductive health, as reported in 2023 WHO SRMNCAH policy survey



115 Member States reported on this (2023 survey: RH_37).

Table 7. Policy/guideline on self-care interventions for sexual and reproductive health includes specified interventions, as reported in 2023 WHO SRMNCAH policy survey

Self-care intervention	Yes (number of Member States)	No (number of Member States)	Unknown (number of Member States)	Total number of responses
Self-use of contraceptives	44	4	–	48
Self-monitoring of blood pressure/blood glucose, including during pregnancy	33	13	2	48
Over-the-counter sexual and reproductive health products, devices, and diagnostics available without a prescription	40	5	3	48
Self-collection of samples for STIs and human papillomavirus screening	40	5	3	48
Self-collection of samples for STIs and human papillomavirus screening	20	24	4	48
Self-testing (e.g. for HIV, hepatitis C virus, pregnancy)	33	13	2	48
Self-management of medical abortion in the first trimester	14	28	6	48

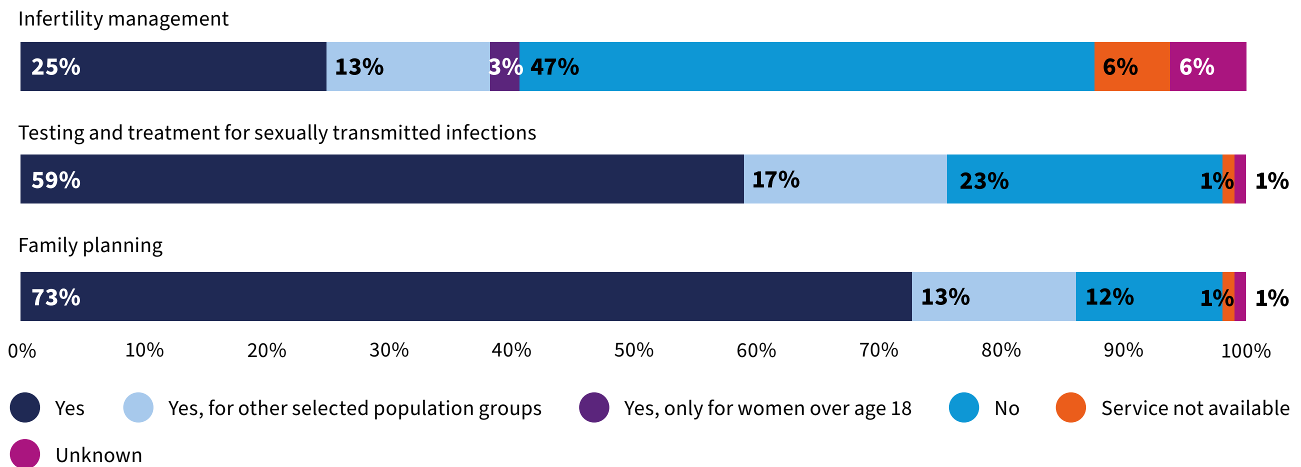
48 Member States reported on this (2023 survey: RH_38_a to RH_38_f).

8.9 Availability of national policies exempting user fees for services in the public sector for women of reproductive age

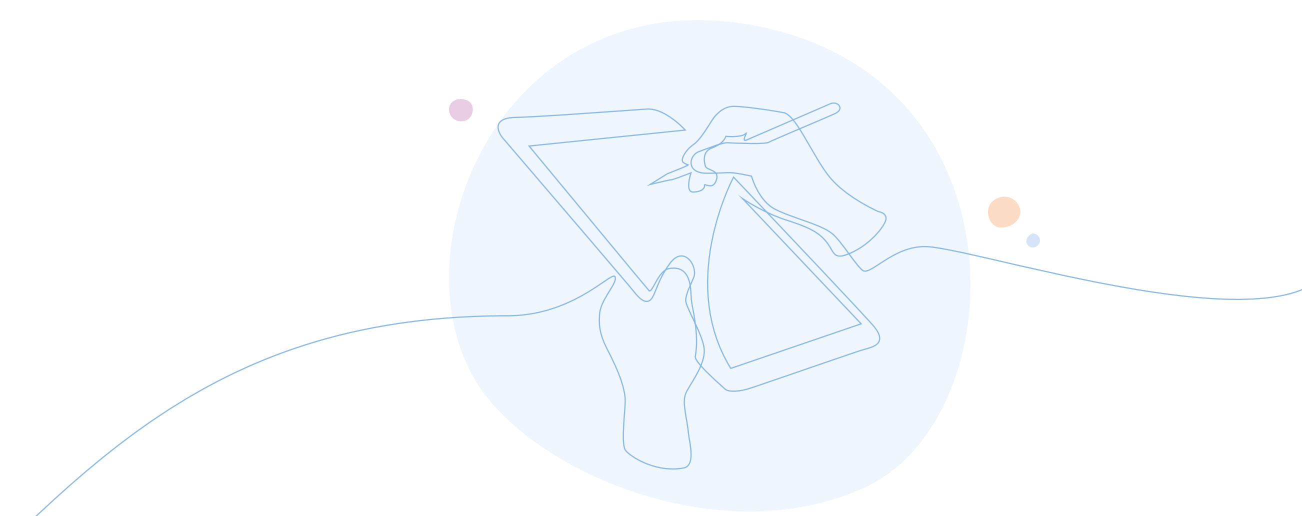
For women of reproductive age, national policies exempt user fees for family planning and testing and treatment of STIs in the public sector in 73% and 59% of responding countries, respectively. Policies of 13% and 17% of responding countries limit these exemptions to selected population groups (Fig. 92).

In almost half of responding countries, national policies do not exempt user fees for infertility management services in the public sector for women of reproductive age. Such exemptions are covered by policies in a quarter of responding countries and for selected population groups in a further 13% of countries (Fig. 92).

Fig. 92. Specified health services to be provided free of charge in public sector for women of reproductive age per national policy, as reported in the 2023 WHO SRMNCAH policy survey



115 Member States reported on this (2023 survey: CC_22_a, CC_22_g, CC_22_h).
See also Annex 3.



Chapter 9

Violence against women

9. Violence against women

Violence against women and girls is a major human rights violation and global public health problem rooted in gender inequality. WHO estimates for 2018 show that, globally, almost one in three women (30%) 15 years of age or older has experienced physical and/or sexual violence from a male intimate partner and/or sexual violence from someone other than an intimate partner at least once in their lifetime *(58)*. Such violence starts early in the lives of women and girls, with almost one in four (24%) ever-partnered adolescent girls aged 15–19 years estimated to have been subjected to physical and/or sexual violence from a male intimate partner at least once in their lifetimes *(58)*.

Women and girls subjected to violence are at increased risk of physical – including sexual and reproductive – and mental health problems. The health sector has a critical role to play in responding to and preventing violence against women, since most women will come into contact with health systems at some point in their lives, and health workers are among those most likely to be trusted with a disclosure. Recognition of violence against women and girls as a health crisis has grown in the last three decades. Governments have made numerous commitments in international and regional forums dating back to 1979. At the Sixty-ninth World Health Assembly in 2016, WHO Member States endorsed resolution WHA69.5 – the *Global plan of action to strengthen the role of the health system within a national multisectoral response to address interpersonal violence, in particular against women and girls, and against children (59)*.

To establish a baseline against which to monitor progress under this global plan, WHO commissioned the development of a violence against women policy database in 2020. The data for this database were drawn from national documents submitted as part of the 2018–2019 WHO SRMNCAH policy survey *(7)*, which included a module on violence against women. Data for were collected and generated for all WHO Member States and the findings were published in *Addressing violence against women in health and multisectoral policies: a global status report* in 2021 *(60)*.

As part of the the 2023 WHO SRMNCAH policy survey, these data were updated and analysed as described below.

9.1 Methods

As described in Section 2. Methods of this report, violence against women was one of the six modules of the 2023 WHO SRMNCAH policy survey. In addition to completing the questionnaire, countries were asked to review and validate the data that had been entered in the violence against women policy database in 2021. Countries were also requested to submit up-to-date policy documents, including policies in areas not previously considered eligible for inclusion in the violence against women policy database, such as mental health and adolescent health policies. In addition, countries reviewed the data for the following 11 of the 56 indicators in the violence against women policy database:

- mandatory reporting of intimate partner violence;
- privacy as a guiding principle;
- privacy during patient consultation;
- universal screening for intimate partner violence;
- clinical inquiry for intimate partner violence;
- first-line support to survivors of intimate partner violence and sexual violence;[7]
- mental health assessment of survivors;
- mental health referrals for survivors;
- mental health treatment for survivors;
- recognition of adolescent girls and young women as a population disproportionately affected by violence; and
- provision of services for adolescent girls and young women subjected to violence.

[7] First-line support refers to the minimum level of (primarily psychological) support and validation of their experience that should be received by all women who disclose violence to a health (or other) provider.

Survey respondents were asked to agree or disagree with the 2021 data and, where there was disagreement, provide an alternative answer. Where a country disagreed with the 2021 data for any of the 11 indicators and the information to substantiate their response could not be found in any eligible policy document, the country's survey response was given priority. The violence against women policy database was updated to align with countries' responses and analyses were conducted to update the figures for each of the indicators.

The 2021 data entered in the violence against women policy database spanned 200 countries, territories, or areas, 194 of which are WHO Member States. In the 2023 WHO SRMNCAH policy survey, 121 countries responded to the module on violence against women and their data were updated. The remaining countries' data remained unchanged.

The findings presented in this section are aligned with four of the six domains of the violence against women policy database: enabling environment, woman-centred care, health services for survivors of intimate partner violence and sexual violence, and adolescent girls and young women as a priority population (as part of the database domain on inclusion of populations in vulnerable situations).

9.2 Key points on availability of national guidelines/policies on violence against women

- Existence of policy addressing violence against women:
  - 81% of countries have a multisectoral violence against women policy;
  - 52% of countries have health sector violence against women protocols (violence against women clinical guidelines); and
  - 38% of countries have a health policy with violence against women included as strategic priority.
- Woman-centred care: alignment with international human rights standards:
  - 28% of countries have a mandatory reporting requirement in their policies, which is not recommended by WHO and is not in line with principle of self-determination;
  - 19% of countries have policies aligned with WHO guidelines by explicitly not requiring mandatory reporting; and
  - 46% of countries' policies recognize privacy as a principle of woman-centred care and include a requirement to ensure spatial and/or auditory privacy for survivors.
- Identification of intimate partner violence:
  - 33% of countries align with WHO guidelines and included clinical inquiry in their policies; and
  - 12% of countries include universal screening, which is not recommended by WHO, in their policies.
- Health services for survivors:
  - 79% of countries include first-line support in their policies;
  - 46% of countries include both mental health assessment and referral to specialist care in their policies; and
  - 58% of countries include treatment for diagnosed mental health conditions in their policies.
- 24% of countries recognize the high risk of violence faced by adolescent girls and young women and include specific services for them in their policies.

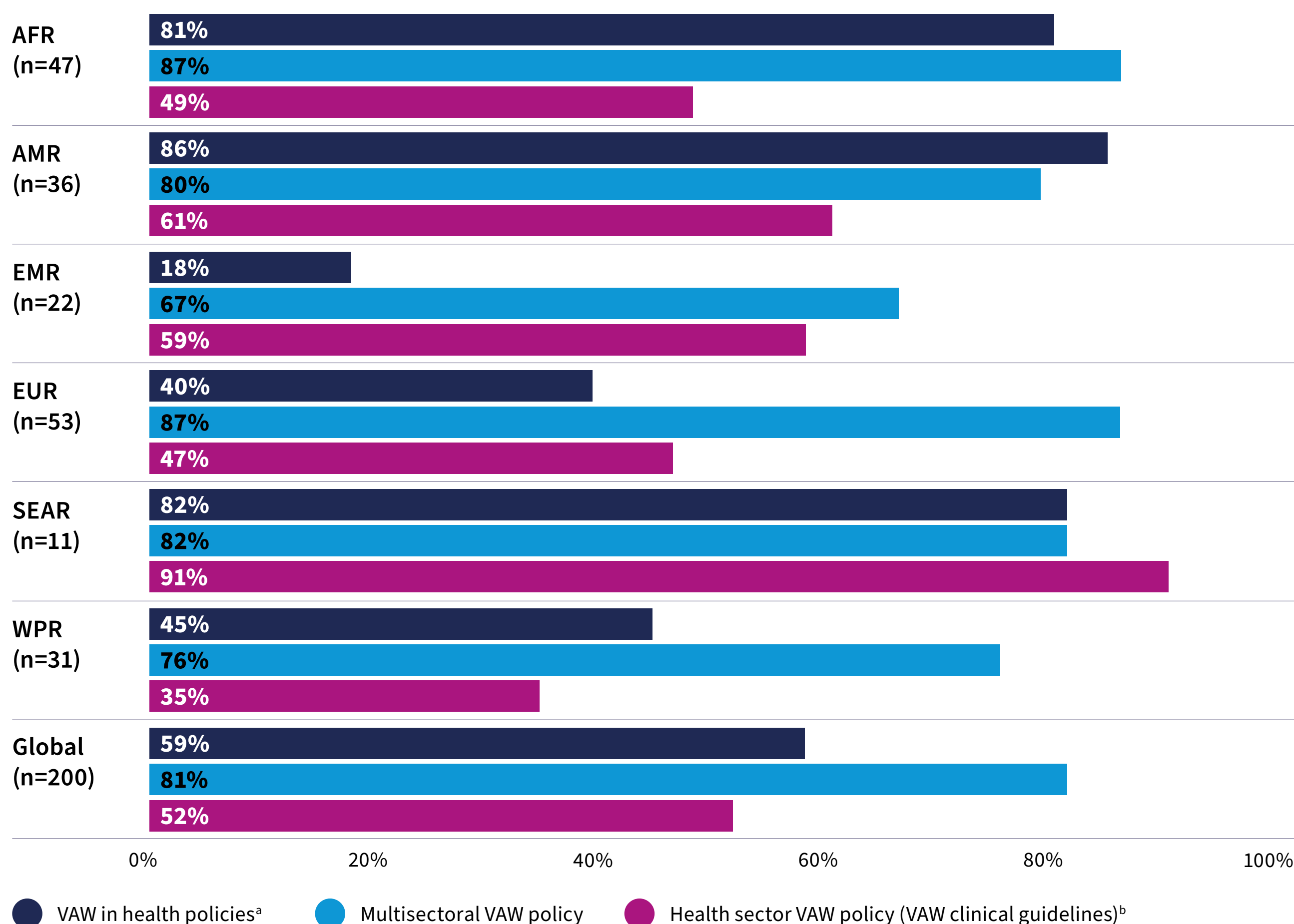
9.3 Enabling environment

The enabling environment domain encompassed indicators related to the existence of policies for prevention and response to violence against women and girls. Just under 60% of countries reported having a health policy mentioning violence against women and girls as an issue; in three WHO regions – African, Americas, and South-East Asia – this proportion was higher than 80% (Fig. 93). However, only 38% of countries globally have health policies that also specify prevention of and/or response to violence against women and girls as a primary goal, objective, or strategic priority. This proportion varies from 67% of countries in the Region of the Americas to only 9% of countries in the Eastern Mediterranean Region (Annex 3).

Multisectoral prevention and response policies on violence against women and girls exist in 81% of countries across all six WHO regions (Fig. 93). Fifty-two per cent of countries have health sector violence against women policies (violence against women clinical guidelines) (Fig. 93).

WHO does not recommend mandatory reporting of intimate partner violence because it is a barrier for survivors to disclose their experiences to health workers and access timely health services. It is also a violation of women's right to self-determination, a key international human rights standard for provision of health care. Only 19% of countries specify in their policy that mandatory reporting by health workers is not required. Contrary to WHO's recommendation, at least 28% of countries maintain a mandatory reporting requirement while for 49% of the countries, mandatory reporting is either not specified or the policies are unclear (Annex 3).

Fig. 93. Availability of national health policies that include VAW, multisectoral VAW policies, or health sector VAW policies (VAW clinical guidelines), by WHO region



VAW: violence against women.

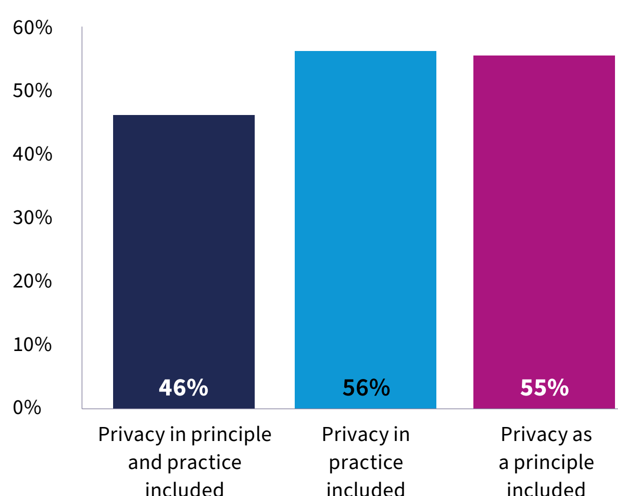
[a] VAW in health policies speaks to how VAW is addressed in generic health or sexual and reproductive health policies.

[b] Health sector VAW policies (VAW clinical guidelines) speaks to whether countries have clinical protocols to address VAW in the health sector.

9.4 Woman-centred care

Prevention and response policies on violence against women and girls must recognize survivors' right to privacy and ensure its application in health consultations. The right to privacy is a key principle of woman-centred care, recognizing the importance of safety for survivors, and is derived from international human rights standards. The principle of the right to privacy is recognized in 55% of countries' policies/guidelines on violence against women and girls, and a similar percentage (56%) stipulate how this right should be applied in a health consultation setting, for example by ensuring visual and auditory privacy for survivors. The policies/guidelines of 46% of countries include both the recognition of the right to privacy as a principle and its application with respect to visual/auditory privacy (Fig. 94).

Fig. 94. Percentage of countries that include violence against women survivors' right to privacy in practice, right to privacy as a principle, or both in their available policies



9.5 Health services for survivors of intimate partner violence and sexual violence

WHO recommendations specify the different types of health services that should be offered to survivors of intimate partner violence and sexual violence *( )*. The indicators within this domain examined how countries' health policies on violence against women and girls compare with WHO recommendations.

WHO does not recommend routine inquiry or universal screening of whole populations to identify individuals who have experienced intimate partner violence. Instead, WHO recommends using the clinical inquiry approach, where health workers ask about exposure to violence if they observe conditions that may be caused or complicated by violence against women. Only one third (33%) of countries include clinical inquiry for intimate partner violence in their policies, although this varies from 80% in the South-East Asia Region to 23% in the Americas and 24% in the European regions (Annex 3). Contrary to WHO recommendations, 12% of countries include universal screening in their policies (Annex 3).

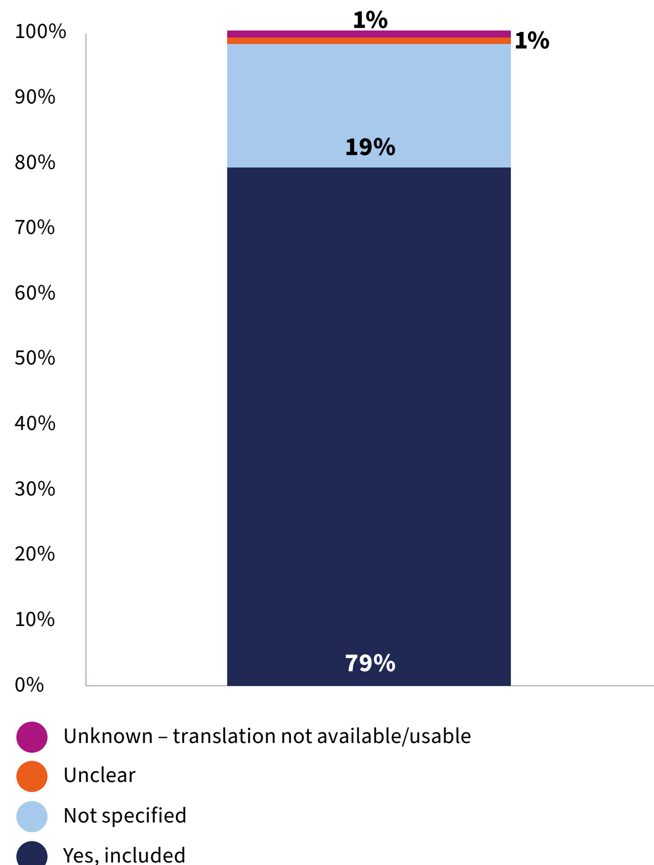
WHO recommends that first-line support should be provided as a minimum standard of care to all survivors who disclose intimate partner violence or sexual violence to health workers. This indicator was met if policies/guidelines either:

- refer to the LIVES job aid (Listen with empathy, Inquire about her needs, Validate her experience, Enhance her safety and facilitate Support *(62)*); or
- include one or more of the following elements of first-line support: (i) providing practical care and support, (ii) listening, (iii) offering validation or comfort, and (iv) offering information about or connecting survivors of violence against women to other support services.

In line with WHO recommendations, 79% of countries reported including some aspect of first-line support in their policies (Fig. 95).

In addition to first-line support, WHO guidelines recommend the following mental health interventions for survivors of intimate partner violence and sexual violence: basic psychosocial support/psychoeducation for all survivors, assessment of moderate to severe depression, referral for treatment by mental health specialists for women with diagnosed mental health conditions such as depression and post-traumatic stress disorder. Overall, less than half (46%) of countries' health policies included both mental health assessment and referral to specialist services. This proportion was highest among countries in the South-East Asia (90%) and Eastern Mediterranean (72%) regions and lower in the other regions (African Region, 54%; Region of the Americas, 49%; Western Pacific Region, 42%; and European Region, 22%) (Annex 3).

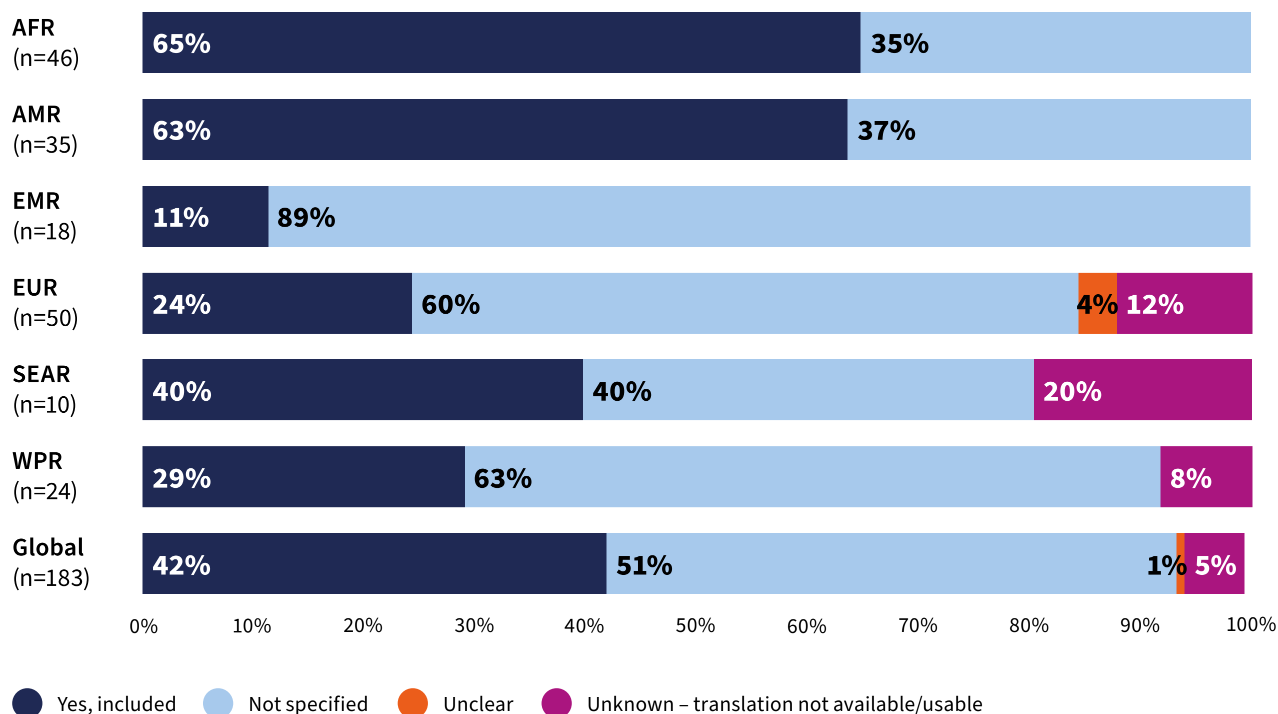
Fig. 95. Percentage of countries that include first-line support for survivors of violence against women in their available policies



See also Annex 3

Reference to mental health treatment is made in 58% of countries' health policies. By region, the proportions were: South-East Asia (90%), Eastern Mediterranean (72%), Americas (71%) and African (67%) (Annex 3).

Fig. 96. Percentage of countries that recognize that adolescent girls and/or young women are disproportionately affected by violence against women in their available national plan, policy, or protocol, by WHO region



9.6 Adolescent girls and young women as a priority population

Certain population groups are disproportionately affected by the negative impacts of violence because of factors such as their age, (dis)ability, pregnancy status, and/or ethnicity. The violence against women policy dataset includes indicators on these impacts in the domain “populations living in vulnerable situations”. Within this domain, the 2023 WHO SRMNCAH policy survey focused on the inclusion of adolescent girls and young women in violence against women policies. Overall, only 42% of countries’ policies recognize adolescent girls and young women as a group that is disproportionately affected. There is significant regional variation, from more than 60% of countries of the African and Americas regions to only 11% in the Eastern Mediterranean Region (Fig. 96).

9.7 Conclusions

Given the high burden of violence on women and girls, evidence-informed policies play a crucial role in ensuring that governments prioritize and properly resource health and multisectoral interventions for prevention and response. The majority of countries have at least one type of health or multisectoral policy that mentions violence against women prevention and response. However, while a high percentage of countries mention violence against women and girls as a problem in their health policies, relatively few include prevention or response as a strategic priority. This has negative implications for budget and human resource allocations, which are necessary to implement policies in practice, not least by ensuring the availability of services and support needed by survivors of violence.

WHO recommendations are intended to provide guidance for policy content on violence against women and girls health response. While most countries include first-line support for survivors in their health policies, more needs to be done to ensure that countries are integrating the recommendations on clinical inquiry and mental health for survivors into their health policies, as well as recognizing the services that are required by adolescent girls and young women.

As with all the results of the 2023 WHO SRMNCAH policy survey, the findings in this module do not show the extent of implementation of the policies in countries. They do however reflect governments’ commitments and stated intentions in setting an agenda for the violence against women health response and assess the alignment of existing policies with the principles of gender equality and human rights. Overall, the violence against women policy landscape can best be characterized as a work in progress. The findings in this section are the starting point for governments to continue their efforts towards policy strengthening and implementation; for advocates to hold duty bearers to account for their policy commitments; and for researchers to assess the effects of the content of policies with the realities for women and girls on the ground.

Chapter 10

References

References

1. Maternal, newborn, child and adolescent health and ageing data portal. Global strategy for women's, children's and adolescents' health data portal (https://platform.who.int/data/maternal-newborn-child-adolescent-ageing/global-strategy-data#:~:text=This%20Global%20Strategy%20includes%20a,that%20all%20women%2C%20children%2C%20and, accessed 4 May 2024).
2. Bearak J, Popinchalk A, Ganatra B, Moller AB, Tunçalp Ö, Beavin C, Kwok L, Alkema L. Unintended pregnancy and abortion by income, region, and the legal status of abortion: estimates from a comprehensive model for 1990-2019. Lancet Glob Health. 2020;(9):e1152-e1161. doi:10.1016/S2214-109X(20)30315-6.
3. World family planning 2022. Meeting the changing needs for family planning: contraceptive use by age and method. New York: United Nations Department of Economic and Social Affairs, Population Division; 2022 ((https://www.un.org/development/desa/pd/sites/www.un.org.development.desa.pd/files/files/documents/2023/Feb/undesa_pd_2022_world-family-planning.pdf, accessed 15 July 2024).
4. United Nations Inter-agency Group for Child Mortality Estimation. Levels and trends in child mortality. Report 2023. Estimates developed by the UN Inter-agency Group for Child Mortality Estimation. New York: United Nations Children's Fund; 2024 (https://childmortality.org/wp-content/uploads/2024/03/UNIGME-2023-Child-Mortality-Report.pdf, accessed 4 May 2024).
5. United Nations Maternal Mortality Estimation Inter-agency Group. Trends in maternal mortality 2000 to 2020: estimates by WHO, UNICEF, UNFPA, World Bank Group and UNDESA/Population Division. Geneva: World Health Organization; 2023 (https://iris.who.int/handle/10665/366225, accessed 4 May 2024).
6. Reproductive health strategy to accelerate progress towards the attainment of international development goals and targets. Geneva: World Health Organization; 2004 (https://iris.who.int/handle/10665/68754, accessed 4 May 2024).
7. Sexual, reproductive, maternal, newborn, child and adolescent health: policy survey, 2018-2019: summary report. Geneva: World Health Organization; 2020 (https://iris.who.int/handle/10665/331847, accessed 4 May 2024).
8. Katwan E, Bisoborwa G, Butron-Riveros B, Bychkov, S, Dadji, K, Fedkina, N, et al. Creating a global legal and policy database and document repository: challenges and lessons learned from the World Health Organization sexual, reproductive, maternal, newborn, child and adolescent health policy survey. Int J Health Policy Manag. 2022;11(11):2415–2421. doi:10.34172/ijhpm.2021.153
9. Operational plan to take forward the Global Strategy for Women's, Children's and Adolescents' Health: committing to implementation. Report by the Secretariat. Geneva: World Health Organization; 2016 (https://iris.who.int/handle/10665/252670, accessed 4 May 2024).
10. Network for improving quality of care for maternal, newborn and child health (quality of care network). https://www.who.int/groups/Quality-of-care-network, accessed 4 May 2024).
11. Birth registration for every child by 2023: are we on track? New York: United Nations Children's Fund; 2019 (https://www.unicef.org/media/62981/file/Birth-registration-for-every-child-by-2030.pdf, accessed 4 May 2024).
12. Improving the quality and use of birth, death and cause-of-death information: guidance for a standards-based review of country practices. Geneva: World Health Organization; 2010 (https://iris.who.int/handle/10665/44274, accessed 4 May 2024).
13. Convention on the Rights of the Child. United Nations General Assembly Resolution A/RES/44/25. New York: United Nations; 1989 (https://digitallibrary.un.org/record/80135?ln=en&v=pdf, accessed 4 May 2024).
14. United Nations Inter-agency Group for Child Mortality Estimation. Never forgotten: the situation of stillbirth around the globe. Report of the United Nations Inter-agency Group for Child Mortality Estimation, 2022. New York: United Nations Children's Fund; 2023 (https://data.unicef.org/resources/never-forgotten-stillbirth-estimates-report/, accessed 6 June 2024).
15. WHO recommendations on antenatal care for a positive pregnancy experience. Geneva: World Health Organization; 2016 (https://iris.who.int/handle/10665/250796, accessed 4 May 2024).
16. Guide for integration of perinatal mental health in maternal and child health services. Geneva: World Health Organization; 2022 (https://iris.who.int/handle/10665/362880, accessed 4 May 2024).

17. WHO recommendations on antenatal corticosteroids for improving preterm birth outcomes. Geneva: World Health Organization; 2022 (https://iris.who.int/handle/10665/363131, accessed 4 May 2024).
18. WHO recommendations: intrapartum care for a positive childbirth experience. Geneva: World Health Organization; 2018 (https://iris.who.int/handle/10665/260178, accessed 4 May 2024).
19. WHO recommendations non-clinical interventions to reduce unnecessary caesarean sections. Geneva: World Health Organization; 2018 (https://iris.who.int/handle/10665/275377, accessed 4 May 2024).
20. Research gaps and needs to optimize the use of assisted vaginal birth: technical brief. Geneva: World Health Organization; 2023 (https://iris.who.int/handle/10665/368139, accessed 4 May 2024).
21. WHO recommendations for prevention and treatment of pre-eclampsia and eclampsia. Geneva: World Health Organization; 2011 (https://iris.who.int/handle/10665/44703, accessed 4 May 2024).
22. WHO recommendations on maternal and newborn care for a positive postnatal experience. Geneva: World Health Organization; 2022 (https://iris.who.int/handle/10665/352658, accessed 4 May 2024).
23. Birth defects. Report by the Secretariat. Geneva: World Health Organization; 2010 (https://apps.who.int/gb/ebwha/pdf_files/WHA63/A63_10-en.pdf, accessed 4 May 2024).
24. Kangaroo mother care: a transformative innovation in health care: global position paper. Geneva: World Health Organization; 2023 (https://iris.who.int/handle/10665/367626, accessed 4 May 2024).
25. Standards for improving the quality of care for small and sick newborns in health facilities. Geneva: World Health Organization; 2020 (https://iris.who.int/handle/10665/334126, accessed 4 May 2024).
26. Guideline: managing possible serious bacterial infection in young infants when referral is not feasible. Geneva: World Health Organization; 2015 (https://iris.who.int/handle/10665/181426, accessed 4 May 2024).
27. United Nations Population Fund, World Health Organization, International Confederation of Midwives. The state of the world's midwifery 2021: building a health workforce to meet the needs of women, newborns and adolescents everywhere. New York: United Nations Population Fund; 2021 (https://www.unfpa.org/sites/default/files/pub-pdf/21-038-UNFPA-SoWMy2021-Report-ENv4302.pdf, accessed 6 June 2024).
28. Maternal and perinatal death surveillance and response: materials to support implementation. Geneva: World Health Organization; 2021 (https://iris.who.int/handle/10665/348487, accessed 4 May 2024).
29. WHO application of ICD-10 to deaths during pregnancy, childbirth and puerperium: ICD-MM. Geneva: World Health Organization; 2012 (https://iris.who.int/handle/10665/70929, accessed 4 May 2024).
30. UN Inter-agency group for child mortality estimation. All-cause mortality (https://childmortality.org/all-cause-mortality/data, accessed 4 May 2024).
31. UN Inter-agency group for child mortality estimation. Causes of death (https://childmortality.org/causes-of-death/data, accessed 4 May 2024).
32. Revised WHO classification and treatment of pneumonia in children at health facilities: evidence summaries. Geneva: World Health Organization; 2014 (https://iris.who.int/handle/10665/137319, accessed 4 May 2024).
33. The treatment of diarrhoea: a manual for physicians and other senior health workers, fourth revision. Geneva: World Health Organization; 2005 (https://iris.who.int/handle/10665/43209, accessed 6 June 2024).
34. World malaria report 2023. Geneva: World Health Organization; 2023 (https://iris.who.int/handle/10665/374472, accessed 4 May 2024).
35. Global technical strategy for malaria 2016–2030, 2021 update. Geneva: World Health Organization; 2021 (https://iris.who.int/handle/10665/342995, accessed 4 May 2024).
36. WHO guidelines for malaria – 16 October 2023. Geneva: World Health Organization; 2023 (https://iris.who.int/bitstream/handle/10665/373339/WHO-UCN-GMP-2023.01-Rev.1-eng.pdf?sequence=1, accessed 2 April 2024).
37. Boschi-Pinto C, Labadie G, Dilip TR, Oliphant N, Dalglish SL, Aboubaker S, et al. Global implementation survey of Integrated Management of Childhood Illness (IMCI): 20 years on. BMJ Open. 2018:30;8(7):e019079. doi: 10.1136/bmjopen-2017-019079.
38. Standards for improving the quality of care for children and young adolescents in health facilities. Geneva: World Health Organization; 2018 (https://iris.who.int/handle/10665/272346, accessed 4 May 2024).
39. Nurturing care for early childhood development: a framework for helping children survive and thrive to transform health and human potential. Geneva: World Health Organization; 2018 (https://iris.who.int/handle/10665/272603, accessed 4 May 2024).
40. Global health estimates 2021: deaths by cause, age, sex, by country and by region, 2000–2021. Geneva: World Health Organization; 2024 (https://www.who.int/data/gho/data/themes/mortality-and-global-health-estimates/ghe-leading-causes-of-death, accessed 16 August 2024).
41. Global accelerated action for the health of adolescents (AA-HA!): guidance to support country implementation, second edition. Geneva: World Health Organization; 2023 (https://iris.who.int/handle/10665/373300, accessed 4 May 2024).
42. Global standards for quality health-care services for adolescents: a guide to implement a standards-driven approach to improve the quality of health care services for adolescents. Geneva: World Health Organization; 2015 (https://iris.who.int/handle/10665/183935, accessed 4 May 2024).

43. Protect the promise: 2022 progress report on the every woman every child global strategy for women's, children's and adolescents' health (2016–2030). Geneva: World Health Organization and the United Nations Children's Fund; 2022 (https://iris.who.int/handle/10665/363919, accessed 4 May 2024).
44. Making every school a health-promoting school: global standards and indicators for health-promoting schools and systems. Geneva: World Health Organization and United Nations Educational, Scientific and Cultural Organization; 2021 (https://apps.who.int/iris/bitstream/handle/10665/341907/9789240025059-eng.pdf, accessed 4 May 2024).
45. WHO recommendations on adolescent sexual and reproductive health and rights. Geneva: World Health Organization; 2018 (https://iris.who.int/bitstream/handle/10665/275374/9789241514606-eng.pdf, accessed 4 May 2024).
46. Global strategy to reduce the harmful use of alcohol. Geneva: World Health Organization; 2010 (https://iris.who.int/bitstream/handle/10665/44395/9789241599931_eng.pdf?sequence=1, accessed 4 May 2024).
47. Framework for ensuring human rights in the provision of contraceptive information and services. Geneva: World Health Organization; 2014 (https://iris.who.int/bitstream/handle/10665/133327/?sequence=1, accessed 4 May 2024).
48. Sexual and reproductive health interventions in the WHO UHC Compendium. Geneva: World Health Organization; 2021 (https://iris.who.int/handle/10665/340624, accessed 4 May 2024).
49. Critical considerations and actions for achieving universal access to sexual and reproductive health in the context of universal health coverage through a primary health care approach. Geneva: World Health Organization; 2022 (https://iris.who.int/handle/10665/357614, accessed 4 May 2024).
50. Global health observatory data repository. Married or in-union women of reproductive age who have their need for family planning satisfied with modern methods (%) (https://www.who.int/data/gho/data/indicators/indicator-details/GHO/married-or-in-union-women-of-reproductive-age-who-have-their-need-for-family-planning-satisfied-with-modern-methods-(-)), accessed 16 August 2024).
51. Ensuring human rights in the provision of contraceptive information and services: guidance and recommendations. Geneva: World Health Organization; 2014 (https://iris.who.int/bitstream/handle/10665/102539/9789241506748_eng.pdf, accessed 2 April 2024).
52. Task sharing to improve access to family planning/contraception: summary brief. Geneva: World Health Organization; 2017 (https://iris.who.int/handle/10665/259633, accessed 4 May 2024).
53. Global strategy to accelerate the elimination of cervical cancer as a public health problem. Geneva: World Health Organization; 2020 (https://iris.who.int/handle/10665/336583, accessed 4 May 2024).
54. Sexual health, human rights and the law. Geneva: World Health Organization; 2015 (https://iris.who.int/handle/10665/175556, accessed 4 May 2024).
55. International technical guidance on sexuality education: an evidence-informed approach, revised edition. Paris: United Nations Educational, Scientific and Cultural Organization; 2018 (https://cdn.who.int/media/docs/default-source/reproductive-health/sexual-health/international-technical-guidance-on-sexuality-education.pdf?sfvrsn=10113efc_29&download=true, accessed 4 May 2024).
56. United Nations Population Fund and United Nations Children's Fund. Global programme to end child marriage annual report 2022. New York: United Nations Children's Fund; 2023 (https://www.unicef.org/media/146276/file/2022%20Annual%20Report.pdf, accessed 4 May 2024).
57. WHO guideline on self-care interventions for health and wellbeing, version 3.0. Geneva: World Health Organization; 2022 (https://app.magicapp.org/#/guideline/Lr21gL/section/Ea6RDj, accessed 4 May 2024).
58. WHO, on behalf of the United Nations Inter-Agency Working Group on Violence Against Women Estimation and Data (VAW-IAWGED). Violence against women prevalence estimates, 2018: global, regional and national prevalence estimates for intimate partner violence against women and global and regional prevalence estimates for non-partner sexual violence against women. Geneva: World Health organization; 2021 (https://iris.who.int/bitstream/handle/10665/341337/9789240022256-eng.pdf?sequence=1, accessed 4 May 2024).
59. Global plan of action to strengthen the role of the health system within a national multisectoral response to address interpersonal violence, in particular against women and girls, and against children. Geneva: World Health Organization; 2016 (https://iris.who.int/bitstream/handle/10665/252276/9789241511537-eng.pdf?sequence=1, accessed 4 May 2024).
60. Addressing violence against women in health and multisectoral policies: a global status report. Geneva: World Health Organization; 2021 (https://www.who.int/publications/i/item/9789240040458, accessed 4 May 2024).
61. Responding to intimate partner violence and sexual violence against women: WHO clinical and policy guidelines. Geneva: World Health Organization; 2013 (https://iris.who.int/handle/10665/85240, accessed 4 May 2024).
62. Health care for women subjected to intimate partner violence or sexual violence: a clinical handbook. Geneva: World Health Organization; 2014 (https://iris.who.int/handle/10665/136101, accessed 4 May 2024)

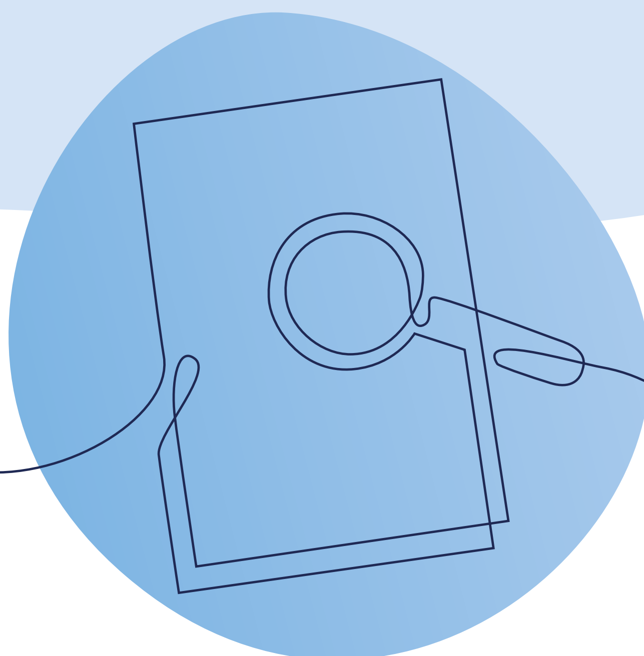
Annexes

Annex 1 Sexual, reproductive, maternal, newborn, child and adolescent health policy survey 2023 questionnaire 102

Annex 2: Country tables 106

Annex 3. Region tables 166

Annex 4. Countries, territories, areas that completed the 2023 WHO SRMNCAH policy survey 217



World Health Organization

Annex 1: Sexual, reproductive, maternal, newborn, child and adolescent health policy survey 2023 questionnaire

Survey modules[1]

Introduction

Data sharing agreement

Basic information

Module 1: Cross cutting SRMNCAH

- Introductory section
- Quality of care for SRMNCAH
- Financial protection
- Policies and legislation related to human right to health and healthcare
- Policies on birth registration processes

Module 2: Maternal and newborn health

- Strategic plan
- Antenatal care policy
- Childbirth policy
- Policy on postnatal care for the woman and newborn
- Management of premature/low birthweight newborns
- Management of sick newborns
- Midwifery policy
- Maternal and perinatal deaths surveillance and response

[1] The list of modules and introductory text of the questionnaire used for the 2023 WHO SRMNCAH policy survey are presented in this Annex. The full questionnaire is accessible through https://platform.who.int/data/maternal-newborn-child-adolescent-ageing/national-policies?selectedTabName=Questionnaires.

Module 3: Child health

Strategic plan

Prevention and management of pneumonia

Prevention and management of diarrhoea

Prevention and management of malaria – situational for malaria endemic countries

Paediatric hospital care for sick children

Early childhood development

Provision of integrated child health services/IMCI

Module 4: Adolescent health

Strategic plan

Overall plans/guidelines for adolescent health

Infrastructure and training

Consent for services

Legislation

Module 5: Sexual and reproductive health & rights

Strategic plan

General sexual and reproductive health care

Family planning/contraception

Sexually transmitted infections

Cervical cancer

Infertility

Sexual health

Self-care for sexual and reproductive health

Module 6: Gender-based violence

Strategic plan

General violence against women/gender-based violence (VAW/GBV)

General violence against women/gender-based violence (VAW/GBV) indicator review

Glossary of terms

Introduction

The Global Sexual, Reproductive, Maternal, Newborn, Child, and Adolescent Health (SRMNCAH) Policy Survey is coordinated by the World Health Organization (WHO) Department of Maternal, Newborn, Child and Adolescent Health and Ageing (MCA) with the Department of Sexual and Reproductive Health and Research (SRH). The objective of the survey is to track country progress in adopting WHO recommendations in national health laws, policies, strategies and guidelines related to SRMNCAH.

The WHO maternal, newborn, child and adolescent health policy survey was conducted in four rounds: 2009-10, 2011-12, 2013-14, 2016. In 2018-19, a combined SRMNCAH survey was conducted and was completed by 150 Member States and five additional countries. The results of the 2018-19 survey round can be found here: https://platform.who.int/data/maternal-newborn-child-adolescent-ageing/national-policies

We are now enumerating the sixth round of the SRMNCAH policy survey. For countries who completed the 2018-19 SRMNCAH policy survey, the process will involve a review of the responses to the 2018-19 survey; for this purpose, we have included the previous responses for your country throughout the survey for review and verification.

We ask that WHO country offices work with relevant SRMNCAH focal point(s) from the Ministry of Health to complete the survey and review all modules before submitting the survey before the deadline of 31 March 2023. Each Ministry of Health focal point will also be responsible for contacting the relevant programmes or units within the Ministry of Health (e.g. malaria, nutrition, TB, HIV, etc.) and other ministries or institutions (e.g. national institutes of statistics, ministries of education, women's rights mechanisms, etc.) where necessary. We also recommend gathering relevant national SRMNCAH documents (laws, policies, guidelines, strategic plans, etc.) before completing the survey modules. It may be helpful to review the questionnaire to understand and gather the types of documents that you will need to complete the survey.

The questionnaire consists of several modules covering: cross cutting SRMNCAH; maternal and newborn health; child health; adolescent health; sexual health and reproductive health; and gender-based violence. This survey is conducted through an online platform using a format that allows for multiple respondents to contribute to the different modules, with one lead respondent whose responsibility is to ensure all modules have been completed.

The online survey is formatted with automatic skips which should decrease the time for completion.

Prior to beginning each survey module, we ask that you collect all country relevant documents such as:

- National laws and policies for the areas of Sexual, Reproductive, Maternal, Newborn, Child and/or Adolescent Health
- Latest national guidelines for Sexual, Reproductive, Maternal, Newborn, Child and/or Adolescent Health
- Current national strategic plan(s) for Sexual, Reproductive, Maternal, Newborn, Child and/or Adolescent Health

Key definitions of topics covered in the survey are included in the glossary at the end of this document. Most questions in the survey will cover laws, policies, guidelines, and national health strategies (also known as national heath strategic plans or national health plans). For the purpose of this survey, these are defined as:

Law	Rules that govern behaviour. Laws can be made by a legislature, resulting in primary legislation (often called statutes or acts), by executive or local government through the issue of secondary legislation (including decrees, regulations and bylaws), or by judges through the making of binding legal precedent (normally in common law jurisdictions).

Policy	Policy refers to decisions, plans, and actions that are undertaken to achieve specific goals within a society (e.g. health or social goals). An explicit policy can achieve several things: it defines a vision for the future which in turn helps to establish targets and points of reference for the short and medium term. It outlines priorities and the expected roles of different groups; and it builds consensus and informs people
Guideline	Guidelines are systematically developed evidence-based statements which assist providers, recipients and other stakeholders to make informed decisions about appropriate health interventions. Health interventions are defined broadly to include not only clinical procedures but also public health actions.
National health strategy *(Also known as a national health strategic plan or national health plan)*	A national health strategy is a process of organizing decisions and actions to achieve particular ends, set within a policy, providing "a model of an intended future situation and a programme of action predetermined to achieve the intended situation". Refers to the broad, long term lines of action to achieve the policy vision and goals for the health sector, incorporating "the identification of suitable points for intervention, the ways of ensuring the involvement of other sectors, the range of political, social, economic and technical factors, as well as constraints and ways of dealing with them"

Key groups covered in this survey include newborns, children, and adolescents. For the purpose of this survey, these are defined as below (unless otherwise specified within the question):

Newborn	Newborns are defined as 0-4 weeks (0-27 days) old.
Child	Children are defined as 1 month to 9 years of age.
Adolescent	Adolescents are defined as 10–19 years of age.

Where questions from the 2018-19 policy survey are asked again in this survey round, answers from countries who completed the 2018-19 survey will be presented to assist in responding. This will be structured as follows:

Is there a national coordinating body that is responsible for developing, implementing, or oversight of any SRMNCAH strategy, policy, or plans? ***[2018 response: YES]*** ☐ YES ☐ NO ☐ UNKNOWN

A validation exercise was conducted to review responses to the survey and compare them to uploaded documents. Where a mismatch was found between the uploaded document and the survey response, this information will also be presented as follows:

Is there a national coordinating body that is responsible for developing, implementing, or oversight of any SRMNCAH strategy, policy, or plans? ***[2018 response: YES. We found conflicting information in the uploaded document:***
On [PAGE NUMBER] of [DOCUMENT TITLE]: [TEXT FROM DOCUMENT PERTAINING TO QUESTION]. Please upload supporting documents at the end of the section] ☐ YES ☐ NO ☐ UNKNOWN

If you have further questions or need assistance related to the questionnaire or content, please contact your regional SRMNCAH policy survey focal point.

If you have questions or need assistance related to the online survey platform, please contact rmncahpolicysurvey@who.int

Annex 2: Country tables

Table A2.1. Existence of selected SRMNCAH policies/guidelines by country as reported in the 2023 WHO SRMNCAH policy survey

Country	National policies/ guidelines on antenatal care	National policy/ guideline on assisted vaginal delivery	National policies/guidelines on postnatal care for women and/or newborns	National policy/guideline on management of low-birth-weight and preterm newborns	National policy/guideline on the management of childhood pneumonia for children aged 2 – 59 months	National policy/guideline on the management of childhood diarrhoea	National policy/guideline on early childhood development	National policy/guideline on IMCI
Afghanistan	YES	YES	YES	YES, BOTH	YES	YES, FOR 0-4 YEARS	YES	YES
Albania	YES	YES	YES	YES, BOTH	YES	YES, FOR 0-9 YEARS	YES	YES
Angola	YES	YES	YES	YES, LOW-BIRTH-WEIGHT	YES	YES, FOR 0-9 YEARS	YES	YES
Antigua and Barbuda	YES	YES	YES	YES, BOTH	NO	YES, FOR 0-9 YEARS	YES	NO
Argentina	YES	NO	YES	YES, BOTH	NO	YES, FOR 0-4 YEARS	YES	NO
Australia	YES	NO	YES	NO	NO	NO	NO	YES
Bahamas	YES	UNKNOWN	YES	YES, LOW-BIRTH-WEIGHT	YES	YES, FOR 0-9 YEARS	YES	YES
Bangladesh	YES	YES	YES	YES, BOTH	YES	YES, FOR 0-4 YEARS	YES	YES
Belarus	YES	YES	YES	YES, BOTH	YES	YES, FOR 0-9 YEARS	YES	YES
Belize	YES	YES	YES	YES, BOTH	YES	YES, FOR 0-9 YEARS	YES	YES
Benin	YES	YES	YES	YES, BOTH	YES	YES, FOR 0-9 YEARS	YES	YES
Bhutan	YES	YES	YES	YES, LOW-BIRTH-WEIGHT	YES	YES, FOR 0-4 YEARS	YES	YES
Bolivia (Plurinational State of)	YES	YES	YES	UNKNOWN	YES	YES, FOR 0-4 YEARS	YES	YES
Botswana	YES	YES	YES	YES, BOTH	YES	YES, FOR 0-4 YEARS	YES	YES
Brazil	YES	YES	YES	YES, BOTH	YES	YES, FOR 0-9 YEARS	YES	YES
Brunei Darussalam	YES	YES	YES	YES, BOTH	NO	YES, FOR 0-9 YEARS	YES	UNKNOWN

Table A2.1 (continued). Existence of selected SRMNCAH policies/guidelines by country as reported in the 2023 WHO SRMNCAH policy survey

Country	Dedicated adolescent health/ well-being strategic plan	National standards for delivery of health services to adolescents	National standards for health-promoting schools	National policy/guideline on family planning/ contraception	National policies/guidelines on STI diagnosis, treatment, and counselling	National policy/guideline on cervical cancer prevention and control policy/guideline	Number of policies	Percent of policies
Afghanistan	NO	YES	YES	YES	YES	NO	12	85.7
Albania	NO	YES	YES	YES	YES	YES	13	92.9
Angola	YES	YES	YES	YES	YES	NO	13	92.9
Antigua and Barbuda	YES	YES	UNKNOWN	NO	UNKNOWN	NO	8	57.1
Argentina	YES	YES	YES	YES	YES	YES	11	78.6
Australia	YES	YES	YES	NO	YES	YES	8	57.1
Bahamas	YES	YES	YES	YES	YES	YES	13	92.9
Bangladesh	YES	YES	YES	YES	YES	YES	14	100
Belarus	YES	YES	UNKNOWN	YES	YES	YES	13	92.9
Belize	YES	YES	YES	YES	YES	YES	14	100
Benin	YES	YES	YES	YES	YES	YES	14	100
Bhutan	YES	YES	NO	YES	YES	YES	13	92.9
Bolivia (Plurinational State of)	NO	YES	NO	YES	YES	YES	11	78.6
Botswana	YES	YES	YES	YES	YES	YES	14	100
Brazil	YES	YES	YES	YES	YES	YES	14	100
Brunei Darussalam	YES	NO	NO	NO	YES	YES	9	64.3

Table A2.1 (continued). Existence of selected SRMNCAH policies/guidelines by country as reported in the 2023 WHO SRMNCAH policy survey

Country	National policies/ guidelines on antenatal care	National policy/ guideline on assisted vaginal delivery	National policies/guidelines on postnatal care for women and/or newborns	National policy/guideline on management of low-birth-weight and preterm newborns	National policy/guideline on the management of childhood pneumonia for children aged 2 – 59 months	National policy/guideline on the management of childhood diarrhoea	National policy/guideline on early childhood development	National policy/guideline on IMCI
Burkina Faso	YES	YES	YES	YES, PRETERM	YES	YES, FOR 0-4 YEARS	NO	YES
Burundi	YES	YES	YES	YES, BOTH	YES	YES, FOR 0-9 YEARS	NO	YES
Cabo Verde	YES	NO	YES	YES, BOTH	YES	YES, FOR 0-4 YEARS	YES	NO
Cambodia	YES	YES	YES	YES, BOTH	YES	YES, FOR 0-4 YEARS	YES	YES
Cameroon	YES	YES	YES	YES, BOTH	YES	YES, FOR 0-9 YEARS	YES	YES
Central African Republic	YES	YES	YES	YES, LOW-BIRTH-WEIGHT	YES	YES, FOR 0-9 YEARS	YES	YES
Chad	YES	YES	YES	YES, BOTH	YES	YES, FOR 0-9 YEARS	NO	YES
Chile	YES	YES	YES	YES, BOTH	YES	NO	YES	YES
China	YES	YES	YES	YES, BOTH	YES	YES, FOR 0-9 YEARS	YES	YES
Colombia	YES	YES	YES	YES, BOTH	YES	YES, FOR 0-4 YEARS	YES	YES
Comoros	YES	YES	YES	YES, BOTH	YES	YES, FOR 0-4 YEARS	YES	YES
Congo	YES	YES	YES	YES, PRETERM	YES	YES, FOR 0-4 YEARS	NO	YES
Cook Islands	YES	YES	YES	UNKNOWN	YES	NO	NO	NO
Costa Rica	YES	YES	YES	YES, BOTH	UNKNOWN	YES, FOR 0-9 YEARS	YES	NO
Côte d'Ivoire	YES	YES	YES	YES, BOTH	YES	YES, FOR 0-4 YEARS	NO	YES
Cuba	YES	YES	YES	YES, BOTH	YES	YES, FOR 0-9 YEARS	YES	NO
Democratic People's Republic of Korea	YES	YES	YES	YES, BOTH	YES	YES, FOR 0-9 YEARS	YES	YES
Democratic Republic of the Congo	YES	YES	YES	YES, BOTH	YES	YES, FOR 0-4 YEARS	YES	YES
Djibouti	YES	YES	YES	YES, BOTH	YES	YES, FOR 0-4 YEARS	YES	YES
Dominica	YES	YES	YES	YES, BOTH	YES	NO	YES	YES

Table A2.1 (continued). Existence of selected SRMNCAH policies/guidelines by country as reported in the 2023 WHO SRMNCAH policy survey

Country	Dedicated adolescent health/well-being strategic plan	National standards for delivery of health services to adolescents	National standards for health-promoting schools	National policy/guideline on family planning/ contraception	National policies/guidelines on STI diagnosis, treatment, andcounselling	National policy/guideline on cervical cancer prevention and control policy/ guideline	Number of policies	Percent of policies
Burkina Faso	YES	YES	YES	YES	YES	YES	13	92.9
Burundi	YES	YES	YES	YES	YES	YES	13	92.9
Cabo Verde	YES	NO	YES	YES	YES	YES	11	78.6
Cambodia	YES	YES	YES	YES	YES	YES	14	100
Cameroon	YES	YES	UNKNOWN	YES	YES	YES	13	92.9
Central African Republic	YES	YES	YES	NO	YES	NO	12	85.7
Chad	YES	YES	YES	YES	YES	YES	13	92.9
Chile	YES	YES	UNKNOWN	YES	YES	YES	12	85.7
China	YES	YES	NO	YES	YES	YES	13	92.9
Colombia	YES	YES	NO	YES	YES	YES	13	92.9
Comoros	YES	NO	NO	YES	YES	NO	11	78.6
Congo	NO	NO	NO	YES	YES	YES	10	71.4
Cook Islands	NO	UNKNOWN	UNKNOWN	YES	YES	YES	7	50.0
Costa Rica	YES	YES	YES	YES	YES	YES	12	85.7
Côte d'Ivoire	YES	YES	YES	YES	YES	YES	13	92.9
Cuba	YES	YES	YES	YES	YES	YES	13	92.9
Democratic People's Republic of Korea	YES	YES	YES	YES	YES	YES	14	100
Democratic Republic of the Congo	YES	YES	YES	YES	YES	YES	14	100
Djibouti	NO	NO	YES	YES	YES	YES	12	85.7
Dominica	YES	NO	NO	YES	YES	YES	11	78.6

Table A2.1 (continued). Existence of selected SRMNCAH policies/guidelines by country as reported in the 2023 WHO SRMNCAH policy survey

Country	National policies/ guidelines on antenatal care	National policy/ guideline on assisted vaginal delivery	National policies/guidelines on postnatal care for women and/or newborns	National policy/guideline on management of low-birth-weight and preterm newborns	National policy/guideline on the management of childhood pneumonia for children aged 2 – 59 months	National policy/guideline on the management of childhood diarrhoea	National policy/guideline on early childhood development	National policy/guideline on IMCI
Ecuador	YES	YES	YES	YES, PRETERM	YES	YES, FOR 0-4 YEARS	YES	YES
Egypt	YES	YES	YES	YES, BOTH	YES	YES, FOR 0-4 YEARS	YES	YES
El Salvador	YES	NO	YES	YES, BOTH	YES	YES, FOR 0-9 YEARS	YES	YES
Equatorial Guinea	YES	YES	YES	YES, LOW-BIRTH-WEIGHT	YES	YES, FOR 0-9 YEARS	NO	YES
Eswatini	YES	YES	YES	YES, BOTH	YES	YES, FOR 0-4 YEARS	UNKNOWN	YES
Ethiopia	YES	YES	YES	YES, BOTH	YES	YES, FOR 0-9 YEARS	YES	YES
Gabon	YES	NO	YES	YES, LOW-BIRTH-WEIGHT	NO	YES, FOR 0-4 YEARS	NO	NO
Ghana	YES	YES	YES	YES, BOTH	YES	YES, FOR 0-9 YEARS	YES	YES
Grenada	YES	YES	YES	YES, BOTH	NO	NO	YES	NO
Guatemala	YES	YES	YES	YES, BOTH	YES	YES, FOR 0-9 YEARS	YES	YES
Guinea	YES	YES	YES	YES, BOTH	YES	YES, FOR 0-9 YEARS	YES	YES
Guinea-Bissau	YES	YES	YES	YES, BOTH	YES	YES, FOR 0-4 YEARS	YES	YES
Guyana	YES	YES	YES	YES, BOTH	YES	YES, FOR 0-4 YEARS	YES	YES
Haiti	YES	YES	YES	YES, BOTH	YES	YES, FOR 0-9 YEARS	YES	YES
Honduras	YES	YES	YES	YES, BOTH	YES	YES, FOR 0-4 YEARS	YES	YES
India	YES	YES	YES	YES, BOTH	YES	YES, FOR 0-9 YEARS	YES	YES
Indonesia	YES	YES	YES	YES, LOW-BIRTH-WEIGHT	YES	YES, FOR 0-4 YEARS	YES	YES
Iraq	YES	NO	YES	YES, BOTH	YES	YES, FOR 0-4 YEARS	YES	YES
Jordan	YES	YES	YES	YES, BOTH	YES	YES, FOR 0-4 YEARS	YES	YES
Kenya	YES	YES	YES	YES, BOTH	YES	YES, FOR 0-4 YEARS	YES	YES

Table A2.1 (continued). Existence of selected SRMNCAH policies/guidelines by country as reported in the 2023 WHO SRMNCAH policy survey

Country	Dedicated adolescent health/well-being strategic plan	National standards for delivery of health services to adolescents	National standards for health-promoting schools	National policy/guideline on family planning/ contraception	National policies/guidelines on STI diagnosis, treatment, andcounselling	National policy/guideline on cervical cancer prevention and control policy/ guideline	Number of policies	Percent of policies
Ecuador	YES	YES	NO	YES	YES	YES	13	92.9
Egypt	YES	YES	YES	YES	NO	UNKNOWN	12	85.7
El Salvador	YES	YES	NO	YES	YES	YES	12	85.7
Equatorial Guinea	NO	NO	NO	YES	YES	YES	10	71.4
Eswatini	YES	YES	YES	YES	YES	YES	13	92.9
Ethiopia	YES	YES	YES	YES	YES	YES	14	100
Gabon	YES	YES	YES	YES	YES	NO	9	64.3
Ghana	YES	YES	YES	YES	YES	YES	14	100
Grenada	YES	NO	YES	YES	UNKNOWN	NO	8	57.1
Guatemala	NO	YES	YES	YES	YES	YES	13	92.9
Guinea	YES	YES	YES	YES	YES	YES	14	100
Guinea-Bissau	YES	NO	NO	YES	YES	NO	11	78.6
Guyana	NO	YES	YES	YES	YES	NO	12	85.7
Haiti	YES	NO	YES	YES	YES	YES	13	92.9
Honduras	YES	YES	NO	YES	YES	YES	13	92.9
India	YES	YES	YES	YES	YES	YES	14	100
Indonesia	NO	YES	YES	YES	YES	YES	13	92.9
Iraq	NO	YES	YES	YES	YES	NO	11	78.6
Jordan	YES	YES	YES	YES	YES	NO	13	92.9
Kenya	YES	YES	YES	YES	YES	YES	14	100

Table A2.1 (continued). Existence of selected SRMNCAH policies/guidelines by country as reported in the 2023 WHO SRMNCAH policy survey

Country	National policies/ guidelines on antenatal care	National policy/ guideline on assisted vaginal delivery	National policies/guidelines on postnatal care for women and/or newborns	National policy/guideline on management of low-birth-weight and preterm newborns	National policy/guideline on the management of childhood pneumonia for children aged 2 – 59 months	National policy/guideline on the management of childhood diarrhoea	National policy/guideline on early childhood development	National policy/guideline on IMCI
Lao People's Democratic Republic	YES	YES	YES	YES, BOTH	YES	YES, FOR 0-4 YEARS	YES	YES
Lebanon	YES	NO	YES	YES, LOW-BIRTH-WEIGHT	YES	YES, FOR 0-9 YEARS	YES	YES
Lesotho	YES	YES	YES	YES, BOTH	YES	YES, FOR 0-9 YEARS	YES	YES
Liberia	YES	YES	YES	YES, LOW-BIRTH-WEIGHT	YES	YES, FOR 0-4 YEARS	YES	YES
Madagascar	YES	YES	YES	YES, BOTH	YES	YES, FOR 0-4 YEARS	NO	YES
Malawi	YES	YES	YES	YES, BOTH	YES	YES, FOR 0-9 YEARS	YES	YES
Malaysia	YES	YES	YES	YES, BOTH	YES	YES, FOR 0-4 YEARS	YES	YES
Maldives	YES	YES	YES	YES, BOTH	YES	YES, FOR 0-4 YEARS	YES	YES
Mali	YES	YES	YES	YES, BOTH	YES	YES, FOR 0-4 YEARS	YES	YES
Mauritania	YES	YES	YES	YES, BOTH	YES	YES, FOR 0-9 YEARS	YES	YES
Mauritius	YES	YES	YES	YES, BOTH	NO	NO	YES	NO
Mexico	YES	NO	YES	YES, BOTH	YES	YES, FOR 0-9 YEARS	YES	YES
Mongolia	YES	UNKNOWN	YES	YES, PRETERM	YES	YES, FOR 0-4 YEARS	YES	YES
Morocco	YES	YES	YES	YES, LOW-BIRTH-WEIGHT	YES	YES, FOR 0-4 YEARS	YES	YES
Mozambique	YES	YES	YES	YES, BOTH	YES	YES, FOR 0-9 YEARS	YES	YES
Myanmar	YES	YES	YES	YES, BOTH	YES	YES, FOR 0-4 YEARS	YES	YES
Namibia	YES	YES	YES	YES, BOTH	YES	YES, FOR 0-4 YEARS	YES	YES
Nepal	YES	YES	YES	YES, BOTH	YES	YES, FOR 0-9 YEARS	YES	YES
Nicaragua	YES	YES	YES	YES, LOW-BIRTH-WEIGHT	YES	YES, FOR 0-9 YEARS	YES	YES
Niger	YES	YES	YES	YES, BOTH	YES	YES, FOR 0-4 YEARS	YES	YES

Table A2.1 (continued). Existence of selected SRMNCAH policies/guidelines by country as reported in the 2023 WHO SRMNCAH policy survey

Country	Dedicated adolescent health/well-being strategic plan	National standards for delivery of health services to adolescents	National standards for health-promoting schools	National policy/guideline on family planning/ contraception	National policies/guidelines on STI diagnosis, treatment, andcounselling	National policy/guideline on cervical cancer prevention and control policy/ guideline	Number of policies	Percent of policies
Lao People's Democratic Republic	YES	YES	YES	YES	YES	NO	13	92.9
Lebanon	NO	YES	YES	YES	YES	YES	12	85.7
Lesotho	YES	YES	UNKNOWN	YES	YES	YES	13	92.9
Liberia	YES	YES	YES	YES	YES	YES	14	100
Madagascar	YES	YES	UNKNOWN	YES	YES	YES	12	85.7
Malawi	YES	YES	YES	YES	YES	YES	14	100
Malaysia	YES	YES	YES	YES	YES	YES	14	100
Maldives	YES	YES	YES	YES	YES	YES	14	100
Mali	YES	YES	YES	YES	YES	YES	14	100
Mauritania	YES	YES	UNKNOWN	YES	YES	YES	13	92.9
Mauritius	NO	NO	YES	YES	YES	YES	9	64.3
Mexico	YES	YES	NO	YES	YES	YES	12	85.7
Mongolia	YES	YES	YES	YES	YES	YES	13	92.9
Morocco	YES	YES	YES	YES	YES	YES	14	100
Mozambique	YES	YES	YES	YES	YES	YES	14	100
Myanmar	YES	YES	YES	YES	YES	YES	14	100
Namibia	YES	YES	YES	YES	YES	YES	14	100
Nepal	YES	YES	YES	YES	YES	YES	14	100
Nicaragua	YES	YES	YES	YES	YES	YES	14	100
Niger	YES	YES	YES	YES	YES	YES	14	100

Table A2.1 (continued). Existence of selected SRMNCAH policies/guidelines by country as reported in the 2023 WHO SRMNCAH policy survey

Country	National policies/ guidelines on antenatal care	National policy/ guideline on assisted vaginal delivery	National policies/guidelines on postnatal care for women and/or newborns	National policy/guideline on management of low-birth-weight and preterm newborns	National policy/guideline on the management of childhood pneumonia for children aged 2 – 59 months	National policy/guideline on the management of childhood diarrhoea	National policy/guideline on early childhood development	National policy/guideline on IMCI
Nigeria	YES	UNKNOWN	YES	YES, BOTH	YES	YES, FOR 0-4 YEARS	YES	YES
North Macedonia	YES	YES	YES	YES, BOTH	YES	UNKNOWN	NO	YES
Oman	YES	YES	YES	YES, BOTH	YES	YES, FOR 0-4 YEARS	YES	YES
Pakistan	YES	YES	YES	YES, LOW-BIRTH-WEIGHT	YES	YES, FOR 0-4 YEARS	NO	YES
Panama	YES	YES	YES	YES, BOTH	YES	YES, FOR 0-9 YEARS	YES	YES
Papua New Guinea	YES	YES	YES	YES, BOTH	YES	YES, FOR 0-9 YEARS	YES	YES
Paraguay	YES	YES	YES	YES, BOTH	YES	YES, FOR 0-4 YEARS	YES	YES
Peru	YES	YES	YES	YES, BOTH	YES	YES, FOR 5-9 YEARS	YES	YES
Philippines	YES	NO	YES	YES, BOTH	YES	YES, FOR 0-9 YEARS	YES	YES
Republic of Moldova	YES	YES	YES	NO	YES	YES, FOR 0-9 YEARS	YES	YES
Rwanda	YES	YES	YES	YES, BOTH	YES	YES, FOR 0-4 YEARS	YES	YES
Saint Lucia	YES	YES	YES	YES, LOW-BIRTH-WEIGHT	NO	YES, FOR 0-4 YEARS	YES	YES
Sao Tome and Principe	YES	YES	YES	YES, LOW-BIRTH-WEIGHT	YES	YES, FOR 0-4 YEARS	YES	YES
Senegal	YES	YES	YES	YES, BOTH	YES	YES, FOR 0-4 YEARS	YES	YES
Seychelles	YES	YES	YES	YES, BOTH	NO	YES, FOR 0-4 YEARS	YES	NO
Sierra Leone	YES	YES	YES	YES, BOTH	YES	YES, FOR 0-9 YEARS	YES	YES
Singapore	YES	NO	YES	NO	NO	NO	YES	NO
Solomon Islands	YES	NO	YES	NO	NO	NO	NO	NO
Somalia	YES	YES	YES	NO	YES	YES, FOR 0-9 YEARS	NO	YES
South Africa	YES	YES	YES	YES, BOTH	YES	YES, FOR 0-9 YEARS	YES	YES
South Sudan	YES	NO	YES	YES, BOTH	YES	YES, FOR 0-4 YEARS	UNKNOWN	YES

Table A2.1 (continued). Existence of selected SRMNCAH policies/guidelines by country as reported in the 2023 WHO SRMNCAH policy survey

Country	Dedicated adolescent health/well-being strategic plan	National standards for delivery of health services to adolescents	National standards for health-promoting schools	National policy/guideline on family planning/ contraception	National policies/guidelines on STI diagnosis, treatment, andcounselling	National policy/guideline on cervical cancer prevention and control policy/ guideline	Number of policies	Percent of policies
Nigeria	YES	YES	YES	YES	YES	YES	13	92.9
North Macedonia	YES	NO	NO	YES	UNKNOWN	YES	9	64.3
Oman	YES	YES	YES	YES	YES	NO	13	92.9
Pakistan	YES	NO	NO	YES	YES	NO	10	71.4
Panama	YES	YES	YES	YES	YES	YES	14	100
Papua New Guinea	NO	NO	UNKNOWN	YES	YES	NO	10	71.4
Paraguay	YES	YES	YES	YES	YES	YES	14	100
Peru	NO	YES	YES	YES	YES	YES	13	92.9
Philippines	NO	YES	YES	YES	YES	YES	12	85.7
Republic of Moldova	YES	YES	NO	YES	YES	YES	12	85.7
Rwanda	YES	YES	YES	YES	YES	YES	14	100
Saint Lucia	NO	YES	YES	YES	YES	YES	12	85.7
Sao Tome and Principe	YES	YES	NO	YES	YES	NO	12	85.7
Senegal	YES	YES	YES	YES	YES	YES	14	100
Seychelles	NO	UNKNOWN	YES	YES	YES	NO	9	64.3
Sierra Leone	NO	YES	YES	YES	YES	NO	12	85.7
Singapore	YES	NO	YES	NO	YES	YES	7	50.0
Solomon Islands	NO	YES	YES	YES	YES	NO	6	42.9
Somalia	YES	YES	YES	YES	YES	NO	11	78.6
South Africa	YES	YES	YES	YES	YES	YES	14	100
South Sudan	YES	NO	NO	YES	YES	NO	9	64.3

Table A2.1 (continued). Existence of selected SRMNCAH policies/guidelines by country as reported in the 2023 WHO SRMNCAH policy survey

Country	National policies/ guidelines on antenatal care	National policy/ guideline on assisted vaginal delivery	National policies/guidelines on postnatal care for women and/or newborns	National policy/guideline on management of low-birth-weight and preterm newborns	National policy/guideline on the management of childhood pneumonia for children aged 2 – 59 months	National policy/guideline on the management of childhood diarrhoea	National policy/guideline on early childhood development	National policy/guideline on IMCI
Sri Lanka	YES	NO	YES	YES, BOTH	YES	YES, FOR 0-9 YEARS	YES	YES
Sudan	YES	YES	YES	YES, BOTH	YES	YES, FOR 0-9 YEARS	YES	YES
Suriname	YES	NO	NO	NO	NO	NO	YES	NO
Syrian Arab Republic	YES	YES	YES	YES, LOW-BIRTH-WEIGHT	YES	YES, FOR 0-4 YEARS	YES	YES
Tajikistan	YES	YES	YES	YES, BOTH	YES	YES, FOR 0-4 YEARS	YES	YES
Thailand	YES	YES	YES	YES, BOTH	YES	YES, FOR 0-9 YEARS	YES	UNKNOWN
Timor-Leste	YES	YES	YES	NO	YES	YES, FOR 0-4 YEARS	NO	YES
Togo	YES	YES	YES	YES, BOTH	YES	YES, FOR 0-9 YEARS	UNKNOWN	YES
Uganda	YES	YES	NO	YES, PRETERM	YES	YES, FOR 0-9 YEARS	YES	YES
United Arab Emirates	YES	YES	YES	YES, BOTH	YES	YES, FOR 0-9 YEARS	YES	YES
United Republic of Tanzania	YES	YES	YES	YES, BOTH	YES	YES, FOR 0-4 YEARS	YES	YES
Uruguay	YES	YES	YES	YES, BOTH	YES	YES, FOR 0-9 YEARS	YES	YES
Uzbekistan	YES	YES	YES	YES, BOTH	YES	YES, FOR 0-4 YEARS	NO	YES
Vanuatu	YES	YES	YES	YES, BOTH	YES	YES, FOR 0-4 YEARS	YES	YES
Viet Nam	YES	YES	YES	YES, BOTH	YES	YES, FOR 0-9 YEARS	YES	YES
Yemen	YES	YES	YES	YES, BOTH	YES	YES, FOR 0-4 YEARS	UNKNOWN	YES
Zambia	YES	YES	YES	YES, LOW-BIRTH-WEIGHT	YES	YES, FOR 0-9 YEARS	YES	YES
Zimbabwe	YES	UNKNOWN	YES	YES, BOTH	YES	YES, FOR 0-9 YEARS	YES	YES

Table A2.1 (continued). Existence of selected SRMNCAH policies/guidelines by country as reported in the 2023 WHO SRMNCAH policy survey

Country	Dedicated adolescent health/well-being strategic plan	National standards for delivery of health services to adolescents	National standards for health-promoting schools	National policy/guideline on family planning/ contraception	National policies/guidelines on STI diagnosis, treatment, andcounselling	National policy/guideline on cervical cancer prevention and control policy/ guideline	Number of policies	Percent of policies
Sri Lanka	YES	YES	YES	YES	YES	YES	13	92.9
Sudan	YES	NO	YES	YES	YES	YES	13	92.9
Suriname	YES	NO	NO	NO	UNKNOWN	UNKNOWN	3	21.4
Syrian Arab Republic	YES	NO	YES	YES	YES	YES	13	92.9
Tajikistan	NO	NO	NO	YES	YES	YES	11	78.6
Thailand	NO	YES	YES	YES	YES	YES	12	85.7
Timor-Leste	YES	NO	NO	YES	YES	YES	10	71.4
Togo	YES	YES	YES	YES	YES	YES	13	92.9
Uganda	YES	YES	YES	YES	YES	YES	13	92.9
United Arab Emirates	YES	YES	YES	YES	YES	YES	14	100
United Republic of Tanzania	YES	YES	YES	YES	YES	YES	14	100
Uruguay	YES	YES	UNKNOWN	YES	YES	YES	13	92.9
Uzbekistan	YES	YES	YES	YES	YES	YES	13	92.9
Vanuatu	YES	YES	YES	YES	YES	YES	14	100
Viet Nam	YES	YES	YES	YES	YES	YES	14	100
Yemen	NO	NO	YES	YES	YES	UNKNOWN	10	71.4
Zambia	YES	YES	YES	YES	YES	YES	14	100
Zimbabwe	NO	YES	YES	YES	YES	YES	12	85.7

IMCI: integrated management of childhood illness; STI = sexually transmitted infection

Table A2.2. Existence of selected cross-cutting SRMNCAH policies/guidelines/laws by country, as reported in the 2023 WHO SRMNCAH policy survey

Country	Current integrated national strategy/plan for SRMNCAH	National coordinating body that is responsible for developing, implementing, or oversight of any SRMNCAH strategy, policy, or plan	National policy/guideline to improve quality of care that includes or is specific to any SRMNCAH service	National quality of care standards and protocols for delivery of services in health facilities developed for any SRMNCAH service	Country has a child rights/welfare/protection act/law	Child rights/protection/welfare act/law contains provisions protecting the right to health for all children and adolescents	National guideline/policy/law that requires every birth to be registered
Afghanistan	YES	YES	YES	YES	YES	YES	YES
Albania	YES	YES	YES	YES	YES	YES	YES
Angola	YES	NO	YES	YES	YES	YES	YES
Antigua and Barbuda	YES	YES	YES	YES	YES	NO	YES
Argentina	YES	YES	YES	YES	YES	YES	YES
Australia	YES	YES	YES	YES	YES	YES	YES
Bahamas	YES	UNKNOWN	UNKNOWN	UNKNOWN	YES	YES	YES
Bangladesh	YES	YES	YES	YES	YES	YES	YES
Belarus	YES	YES	YES	YES	YES	YES	YES
Belize	YES	NO	YES	YES	YES	YES	YES
Benin	YES	YES	YES	YES	YES	YES	YES
Bhutan	YES	YES	YES	YES	YES	YES	YES
Bolivia (Plurinational State of)	YES	YES	YES	YES	YES	YES	YES
Botswana	YES	YES	YES	YES	YES	YES	YES
Brazil	YES	YES	YES	YES	YES	YES	YES
Brunei Darussalam	YES	UNKNOWN	YES	UNKNOWN	YES	YES	YES
Burkina Faso	YES	YES	YES	YES	YES	YES	YES
Burundi	YES	YES	YES	YES	YES	YES	YES
Cabo Verde	YES	NO	YES	YES	YES	YES	YES
Cambodia	YES	YES	YES	YES	YES	YES	YES
Cameroon	YES	YES	YES	YES	UNKNOWN	NA	YES
Central African Republic	NO	YES	YES	YES	YES	NO	UNKNOWN
Chad	YES	YES	YES	YES	UNKNOWN	NA	YES
Chile	YES	YES	YES	YES	YES	YES	YES
China	YES	YES	YES	YES	YES	YES	YES
Colombia	YES	YES	YES	YES	YES	YES	YES
Comoros	YES	NO	YES	YES	YES	YES	YES
Congo	YES	YES	YES	YES	YES	YES	YES
Cook Islands	YES	UNKNOWN	UNKNOWN	YES	YES	YES	YES

Table A2.2 (continued). Existence of selected cross-cutting SRMNCAH policies/guidelines/laws by country, as reported in the 2023 WHO SRMNCAH policy survey

Country	Guideline/policy/law requires births to be registered by an official government authority	Guideline/policy/law indicates a timeframe for birth registration	Guideline/ policy/ law indicates specific requirements or processes for birth registration among vulnerable groups of children, such as orphans, undocumented migrants, refugees, and internally displaced persons	Fee for birth registration	Guideline/policy/law requires proof of a birth certificate as a precondition for children's access to health services	Guideline/policy/law requires proof of a birth certificate as a precondition for children's access to education
Afghanistan	YES	YES	UNKNOWN	NO	NO	NO
Albania	YES	YES	YES	YES	YES	YES
Angola	YES	NO	YES	UNKNOWN	NO	YES
Antigua and Barbuda	NO	YES	YES	NO	YES	YES
Argentina	YES	YES	YES	NO	NO	YES
Australia	YES	YES	UNKNOWN	NO	UNKNOWN	UNKNOWN
Bahamas	YES	YES	YES	YES	UNKNOWN	UNKNOWN
Bangladesh	YES	YES	NO	NO	NO	YES
Belarus	YES	YES	NO	NO	NO	YES
Belize	YES	NO	NO	YES	NO	NO
Benin	YES	YES	YES	YES	NO	NO
Bhutan	YES	YES	NO	NO	NO	YES
Bolivia (Plurinational State of)	YES	YES	NO	NO	YES	YES
Botswana	YES	YES	YES	NO	NO	NO
Brazil	YES	YES	NO	NO	YES	YES
Brunei Darussalam	YES	YES	UNKNOWN	NO	NO	YES
Burkina Faso	YES	YES	UNKNOWN	NO	NO	YES
Burundi	YES	YES	NO	NO	YES	NO
Cabo Verde	YES	YES	YES	YES	NO	YES
Cambodia	YES	YES	YES	NO	NO	YES
Cameroon	YES	YES	YES	NO	NO	YES
Central African Republic	NA	NA	NA	NA	NA	NA
Chad	YES	YES	YES	YES	NO	YES
Chile	YES	YES	YES	NO	YES	YES
China	YES	YES	YES	NO	NO	NO
Colombia	YES	YES	YES	NO	YES	NO
Comoros	YES	YES	UNKNOWN	YES	NO	YES
Congo	YES	YES	NO	NO	YES	YES
Cook Islands	YES	YES	YES	YES	NO	YES

Table A2.2 (continued). Existence of selected cross-cutting SRMNCAH policies/guidelines/laws by country, as reported in the 2023 WHO SRMNCAH policy survey

Country	Current integrated national strategy/plan for SRMNCAH	National coordinating body that is responsible for developing, implementing, or oversight of any SRMNCAH strategy, policy, or plan	National policy/guideline to improve quality of care that includes or is specific to any SRMNCAH service	National quality of care standards and protocols for delivery of services in health facilities developed for any SRMNCAH service	Country has a child rights/welfare/protection act/law	Child rights/protection/welfare act/law contains provisions protecting the right to health for all children and adolescents	National guideline/policy/law that requires every birth to be registered
Costa Rica	YES	YES	YES	YES	YES	YES	YES
Côte d'Ivoire	YES	YES	YES	YES	YES	YES	YES
Cuba	YES	YES	YES	YES	YES	YES	YES
Democratic People's Republic of Korea	YES	YES	YES	YES	YES	YES	YES
Democratic Republic of the Congo	YES	YES	YES	YES	YES	YES	YES
Djibouti	YES	NO	YES	YES	YES	YES	YES
Dominica	YES	YES	YES	YES	YES	UNKNOWN	YES
Ecuador	YES	YES	YES	YES	YES	YES	YES
Egypt	YES	NO	YES	YES	YES	YES	YES
El Salvador	YES	YES	YES	YES	YES	YES	YES
Equatorial Guinea	YES	YES	YES	YES	YES	YES	UNKNOWN
Eswatini	YES	NO	YES	YES	YES	YES	YES
Ethiopia	NO	YES	YES	YES	YES	YES	YES
Gabon	YES	YES	NO	YES	YES	YES	YES
Ghana	YES	YES	YES	YES	YES	YES	YES
Grenada	YES	YES	YES	YES	YES	YES	YES
Guatemala	NO	YES	UNKNOWN	UNKNOWN	YES	YES	YES
Guinea	YES	YES	YES	YES	YES	YES	YES
Guinea-Bissau	NO	YES	YES	NO	YES	YES	YES
Guyana	YES	YES	YES	YES	YES	YES	YES
Haiti	YES	YES	YES	YES	YES	YES	YES
Honduras	YES	YES	YES	YES	YES	YES	YES
India	YES	YES	YES	YES	YES	YES	YES
Indonesia	YES	YES	YES	YES	YES	YES	YES
Iraq	YES	YES	YES	YES	YES	YES	YES
Jordan	YES	YES	YES	YES	YES	YES	YES
Kenya	NO	YES	YES	YES	YES	YES	YES
Lao People's Democratic Republic	YES	YES	YES	YES	YES	YES	YES
Lebanon	YES	YES	YES	YES	YES	YES	YES

Table A2.2 (continued). Existence of selected cross-cutting SRMNCAH policies/guidelines/laws by country, as reported in the 2023 WHO SRMNCAH policy survey

Country	Guideline/policy/law requires births to be registered by an official government authority	Guideline/policy/law indicates a timeframe for birth registration	Guideline/ policy/ law indicates specific requirements or processes for birth registration among vulnerable groups of children, such as orphans, undocumented migrants, refugees, and internally displaced persons	Fee for birth registration	Guideline/policy/law requires proof of a birth certificate as a precondition for children's access to health services	Guideline/policy/law requires proof of a birth certificate as a precondition for children's access to education
Costa Rica	YES	YES	YES	NO	NO	NO
Côte d'Ivoire	YES	YES	NO	YES	NO	YES
Cuba	YES	YES	YES	NO	NO	NO
Democratic People's Republic of Korea	YES	YES	YES	YES	YES	YES
Democratic Republic of the Congo	YES	YES	UNKNOWN	NO	NO	NO
Djibouti	YES	NO	YES	YES	NO	YES
Dominica	YES	YES	NO	NO	NO	YES
Ecuador	NO	YES	YES	NO	NO	NO
Egypt	YES	YES	UNKNOWN	NO	NO	YES
El Salvador	YES	YES	YES	NO	NO	YES
Equatorial Guinea	NA	NA	NA	NA	NA	NA
Eswatini	YES	YES	UNKNOWN	NO	NO	NO
Ethiopia	YES	YES	YES	YES	NO	NO
Gabon	YES	YES	YES	NO	NO	YES
Ghana	YES	YES	YES	NO	NO	NO
Grenada	YES	YES	UNKNOWN	NO	NO	YES
Guatemala	YES	YES	YES	YES	YES	YES
Guinea	YES	YES	YES	YES	NO	YES
Guinea-Bissau	YES	UNKNOWN	UNKNOWN	NO	NO	UNKNOWN
Guyana	NO	YES	YES	YES	NO	YES
Haiti	YES	YES	NO	NO	NO	YES
Honduras	YES	YES	YES	NO	NO	YES
India	YES	YES	YES	YES	NO	NO
Indonesia	YES	YES	YES	NO	NO	YES
Iraq	YES	YES	YES	YES	NO	YES
Jordan	YES	YES	YES	YES	YES	YES
Kenya	YES	YES	YES	NO	NO	NO
Lao People's Democratic Republic	YES	YES	YES	NO	YES	YES
Lebanon	YES	YES	YES	YES	NO	NO

Table A2.2 (continued). Existence of selected cross-cutting SRMNCAH policies/guidelines/laws by country, as reported in the 2023 WHO SRMNCAH policy survey

Country	Current integrated national strategy/plan for SRMNCAH	National coordinating body that is responsible for developing, implementing, or oversight of any SRMNCAH strategy, policy, or plan	National policy/guideline to improve quality of care that includes or is specific to any SRMNCAH service	National quality of care standards and protocols for delivery of services in health facilities developed for any SRMNCAH service	Country has a child rights/ welfare/protection act/law	Child rights/protection/ welfare act/law contains provisions protecting the right to health for all children and adolescents	National guideline/policy/ law that requires every birth to be registered
Lesotho	YES	YES	YES	YES	YES	YES	YES
Liberia	YES	YES	YES	YES	YES	YES	YES
Madagascar	NO	YES	YES	YES	YES	YES	YES
Malawi	YES	YES	YES	YES	YES	YES	YES
Malaysia	YES	YES	YES	YES	YES	YES	YES
Maldives	YES	YES	YES	YES	YES	YES	YES
Mali	YES	YES	YES	YES	YES	YES	YES
Mauritania	YES	YES	YES	YES	YES	YES	YES
Mauritius	YES	YES	YES	YES	YES	YES	YES
Mexico	YES	YES	YES	YES	YES	YES	YES
Mongolia	YES	YES	YES	YES	YES	YES	YES
Morocco	YES	YES	YES	YES	YES	YES	YES
Mozambique	YES	YES	YES	YES	YES	YES	YES
Myanmar	YES	YES	YES	YES	YES	YES	YES
Namibia	YES	YES	YES	YES	YES	YES	YES
Nepal	YES	YES	YES	YES	YES	YES	YES
Nicaragua	YES	YES	YES	YES	YES	YES	YES
Niger	YES	YES	YES	YES	YES	YES	YES
Nigeria	YES	YES	YES	YES	YES	YES	YES
North Macedonia	NO	YES	YES	YES	UNKNOWN	NA	YES
Oman	YES	YES	YES	YES	YES	YES	YES
Pakistan	YES	YES	YES	NO	YES	YES	YES
Panama	YES	YES	YES	YES	YES	YES	YES
Papua New Guinea	YES	YES	YES	YES	YES	YES	YES
Paraguay	YES	YES	YES	YES	YES	YES	YES
Peru	YES	YES	YES	YES	YES	YES	YES
Philippines	YES	YES	YES	YES	YES	YES	YES
Republic of Moldova	YES	NO	YES	YES	YES	YES	YES
Rwanda	YES	YES	YES	YES	YES	YES	YES
Saint Lucia	YES	NO	YES	YES	YES	YES	YES

Table A2.2 (continued). Existence of selected cross-cutting SRMNCAH policies/guidelines/laws by country, as reported in the 2023 WHO SRMNCAH policy survey

Country	Guideline/policy/law requires births to be registered by an official government authority	Guideline/policy/law indicates a timeframe for birth registration	Guideline/ policy/ law indicates specific requirements or processes for birth registration among vulnerable groups of children, such as orphans, undocumented migrants, refugees, and internally displaced persons	Fee for birth registration	Guideline/policy/law requires proof of a birth certificate as a precondition for children's access to health services	Guideline/policy/law requires proof of a birth certificate as a precondition for children's access to education
Lesotho	YES	YES	YES	NO	NO	YES
Liberia	YES	YES	YES	NO	NO	NO
Madagascar	YES	YES	NO	NO	NO	NO
Malawi	YES	YES	YES	NO	NO	NO
Malaysia	YES	YES	YES	NO	NO	UNKNOWN
Maldives	YES	YES	YES	NO	NO	YES
Mali	YES	YES	YES	NO	NO	YES
Mauritania	YES	YES	NO	NO	NO	YES
Mauritius	YES	YES	YES	NO	YES	YES
Mexico	YES	YES	NO	NO	NO	NO
Mongolia	YES	YES	YES	YES	YES	YES
Morocco	YES	YES	YES	NO	NO	YES
Mozambique	YES	NO	YES	YES	NO	YES
Myanmar	YES	YES	YES	NO	NO	YES
Namibia	YES	NO	UNKNOWN	UNKNOWN	NO	YES
Nepal	YES	NO	YES	NO	NO	NO
Nicaragua	YES	YES	YES	NO	NO	YES
Niger	YES	YES	UNKNOWN	NO	NO	YES
Nigeria	UNKNOWN	UNKNOWN	UNKNOWN	UNKNOWN	UNKNOWN	UNKNOWN
North Macedonia	YES	YES	YES	NO	YES	YES
Oman	YES	YES	YES	YES	YES	YES
Pakistan	YES	YES	YES	YES	NO	YES
Panama	NO	YES	NO	NO	YES	YES
Papua New Guinea	YES	NO	NO	NO	NO	NO
Paraguay	YES	YES	NO	NO	NO	YES
Peru	UNKNOWN	YES	UNKNOWN	UNKNOWN	UNKNOWN	UNKNOWN
Philippines	YES	YES	YES	NO	NO	NO
Republic of Moldova	YES	YES	UNKNOWN	NO	YES	YES
Rwanda	YES	YES	YES	NO	NO	NO
Saint Lucia	YES	YES	NO	NO	NO	YES

Table A2.2 (continued). Existence of selected cross-cutting SRMNCAH policies/guidelines/laws by country, as reported in the 2023 WHO SRMNCAH policy survey

Country	Current integrated national strategy/plan for SRMNCAH	National coordinating body that is responsible for developing, implementing, or oversight of any SRMNCAH strategy, policy, or plan	National policy/guideline to improve quality of care that includes or is specific to any SRMNCAH service	National quality of care standards and protocols for delivery of services in health facilities developed for any SRMNCAH service	Country has a child rights/ welfare/protection act/law	Child rights/protection/ welfare act/law contains provisions protecting the right to health for all children and adolescents	National guideline/policy/ law that requires every birth to be registered
Sao Tome and Principe	YES	NO	YES	YES	YES	YES	YES
Senegal	YES	YES	YES	YES	YES	YES	YES
Seychelles	NO	NO	YES	YES	YES	YES	YES
Sierra Leone	YES	YES	YES	YES	YES	YES	YES
Singapore	YES	YES	YES	YES	YES	NO	YES
Solomon Islands	YES	YES	NO	NO	YES	YES	YES
Somalia	YES	NO	YES	NO	YES	YES	NO
South Africa	YES	YES	YES	UNKNOWN	YES	YES	YES
South Sudan	YES	YES	NO	NO	YES	YES	YES
Sri Lanka	YES	YES	YES	YES	YES	YES	YES
Sudan	YES	YES	YES	YES	YES	YES	YES
Suriname	YES	NO	NO	NO	UNKNOWN	NA	YES
Syrian Arab Republic	YES	YES	YES	YES	YES	YES	YES
Tajikistan	YES	YES	YES	YES	YES	YES	YES
Thailand	YES	YES	YES	YES	YES	YES	YES
Timor-Leste	YES	NO	NO	YES	YES	YES	YES
Togo	YES	YES	YES	YES	YES	YES	YES
Uganda	YES	YES	YES	YES	YES	YES	YES
United Arab Emirates	YES	YES	YES	YES	YES	YES	YES
United Republic of Tanzania	YES	YES	YES	YES	YES	YES	YES
Uruguay	YES	NO	YES	YES	YES	YES	YES
Uzbekistan	NO	NO	UNKNOWN	UNKNOWN	YES	YES	YES
Vanuatu	YES	YES	YES	YES	YES	YES	YES
Viet Nam	YES	YES	YES	YES	YES	YES	YES
Yemen	YES	NO	YES	YES	YES	YES	YES
Zambia	YES	YES	YES	YES	UNKNOWN	NA	YES
Zimbabwe	YES	YES	YES	YES	YES	YES	YES

Table A2.2 (continued). Existence of selected cross-cutting SRMNCAH policies/guidelines/laws by country, as reported in the 2023 WHO SRMNCAH policy survey

Country	Guideline/policy/law requires births to be registered by an official government authority	Guideline/policy/law indicates a timeframe for birth registration	Guideline/ policy/ law indicates specific requirements or processes for birth registration among vulnerable groups of children, such as orphans, undocumented migrants, refugees, and internally displaced persons	Fee for birth registration	Guideline/policy/law requires proof of a birth certificate as a precondition for children's access to health services	Guideline/policy/law requires proof of a birth certificate as a precondition for children's access to education
Sao Tome and Principe	YES	YES	UNKNOWN	NO	NO	NO
Senegal	YES	YES	NO	NO	NO	NO
Seychelles	YES	YES	YES	NO	NO	NO
Sierra Leone	YES	YES	YES	NO	YES	NO
Singapore	YES	YES	NO	YES	NO	YES
Solomon Islands	YES	YES	NO	NO	NO	NO
Somalia	NA	NA	NA	NA	NA	NA
South Africa	YES	YES	YES	YES	NO	NO
South Sudan	UNKNOWN	UNKNOWN	UNKNOWN	UNKNOWN	NO	UNKNOWN
Sri Lanka	YES	YES	YES	YES	NO	NO
Sudan	YES	YES	YES	YES	YES	YES
Suriname	YES	YES	NO	NO	YES	YES
Syrian Arab Republic	YES	YES	YES	YES	YES	YES
Tajikistan	YES	YES	YES	YES	NO	YES
Thailand	YES	YES	YES	NO	YES	YES
Timor-Leste	YES	YES	YES	NO	NO	YES
Togo	YES	YES	YES	NO	NO	YES
Uganda	YES	YES	YES	YES	NO	NO
United Arab Emirates	YES	YES	YES	NO	YES	YES
United Republic of Tanzania	YES	YES	YES	YES	NO	NO
Uruguay	YES	YES	YES	NO	YES	YES
Uzbekistan	YES	YES	UNKNOWN	NO	NO	UNKNOWN
Vanuatu	YES	YES	YES	YES	YES	YES
Viet Nam	YES	YES	YES	YES	YES	YES
Yemen	YES	YES	UNKNOWN	YES	NO	YES
Zambia	YES	YES	YES	UNKNOWN	YES	YES
Zimbabwe	YES	YES	YES	NO	NO	YES

Table A2.3. Existence of selected policies/guidelines/laws on maternal and newborn health by country, as reported in the 2023 WHO SRMNCAH policy survey

Country	Strategic plan for maternal and newborn health	Number of ANC contacts for a normal pregnancy recommended in the national policy/guideline	National policy/guideline recommends a first ANC visit by 12 weeks' gestation	National policy/guideline on ANC recommends the use of antenatal corticosteroids for prevention of preterm birth complications	National guideline/policy/law for using a labour monitoring tool	National policy/ guideline that recommends the presence of a companion of choice during childbirth	National policy/ guideline on assisted vaginal delivery	National policy/ guideline on caesarean section	National policy/guideline recommends the use of uterotonics for the prevention and treatment of postpartum haemorrhage	National policy/guideline that recommends the woman and newborn be kept together from birth until they are discharged from a facility	National policies/guidelines on postnatal care for women and/or newborns	National policy/guideline that indicates a minimum length of stay in a facility for the woman and newborn after birth
Afghanistan	YES	≥8	≤12	YES	YES	YES	YES	YES	YES	YES	YES	YES
Albania	NO	≥8	≤12	YES	YES	YES	YES	YES	YES	YES	YES	YES
Angola	NO	4-7	≤12	YES	YES	YES	YES	UNKNOWN	YES	YES	YES	YES
Antigua and Barbuda	YES	≥8	≤12	YES	YES	YES	YES	YES	YES	YES	YES	YES
Argentina	YES	≥8	≤12	YES	NO	YES	NO	NO	NO	YES	YES	YES
Australia	YES	≥8	≤12	NO	NO	YES	NO	NO	NO	NO	YES	NO
Bahamas	YES	4-7	≤12	UNKNOWN	YES	NO	UNKNOWN	UNKNOWN	YES	YES	YES	UNKNOWN
Bangladesh	YES	4-7	>12	YES	YES	YES	YES	YES	YES	YES	YES	YES
Belarus	YES	≥8	≤12	YES	YES	YES	YES	YES	YES	YES	YES	YES
Belize	YES	4-7	≤12	YES	YES	YES	YES	YES	YES	YES	YES	YES
Benin	YES	4-7	≤12	YES	YES	YES	YES	YES	YES	YES	YES	YES
Bhutan	YES	≥8	>12	YES	YES	YES	YES	YES	YES	YES	YES	YES
Bolivia (Plurinational State of)	NO	4-7	≤12	YES	YES	YES	YES	YES	YES	YES	YES	YES
Botswana	NO	≥8	≤12	YES	YES	YES	YES	YES	YES	YES	YES	YES
Brazil	YES	4-7	≤12	YES	YES	YES	YES	YES	YES	YES	YES	YES

Table A2.3 (continued). Existence of selected policies/guidelines/laws on maternal and newborn health by country, as reported in the 2023 WHO SRMNCAH policy survey

Country	Number of routine postnatal care contacts recommended in the national policy/guideline	National policy/guideline that recommends preterm/low-birth-weight newborns, including those with very low birthweight, should be fed breastmilk	National policy/guideline that recommends kangaroo mother care for clinically stable newborns weighing 2000g or less at birth, at health facilities	National policy/guideline that recommends CPAP as the primary means of respiratory support for preterm infants with respiratory distress syndrome	Policies/guidelines for the management of newborn infants with severe illness	National policy/guideline for treatment of young infants (0-59 days) with possible serious bacterial infection at a primary health facility when referral is not feasible	National policy/guideline on treatment of sick newborns at home or a health centre when referral is not feasible	National policy/guideline on education of midwifery care providers that includes competencies in pre-pregnancy and ANC, care during labour and birth, and ongoing care of women and newborns	National policy recognizing midwives as a distinct occupational group, separate to nurses	National guideline/policy/law that requires audit and/or review of maternal or perinatal death	National guideline/policy/law requiring all maternal and perinatal deaths happening in health facilities to be notified within 24 hours to the national, state, or provincial authority
Afghanistan	4-6	YES	YES	YES	YES	YES	YES	YES	YES	YES, MATERNAL	YES, MATERNAL
Albania	4-6	YES	YES	YES	YES	YES	YES	YES	YES	YES, MATERNAL & PERINATAL	YES, MATERNAL & PERINATAL
Angola	1-3	YES	YES	NO	YES	YES	UNKNOWN	YES	YES	YES, MATERNAL & PERINATAL	YES, MATERNAL & PERINATAL
Antigua and Barbuda	1-3	YES	YES	YES	YES	NO	UNKNOWN	YES	UNKNOWN	NO	NO
Argentina	1-3	YES	NO	YES	YES	YES	NO	YES	YES	NO	NO
Australia	DOES NOT SPECIFY	YES	NO	NO	YES	NO	NO	NO	YES	YES, MATERNAL & PERINATAL	NO
Bahamas	1-3	UNKNOWN	UNKNOWN	UNKNOWN	YES	YES	UNKNOWN	YES	YES	YES, MATERNAL & PERINATAL	UNKNOWN
Bangladesh	4-6	YES	YES	YES	YES	YES	YES	YES	YES	YES, MATERNAL & PERINATAL	YES, MATERNAL & PERINATAL
Belarus	4-6	YES	YES	YES	YES	YES	YES	YES	YES	YES, MATERNAL & PERINATAL	YES, MATERNAL & PERINATAL
Belize	1-3	YES	YES	YES	YES	YES	YES	YES	YES	YES, MATERNAL & PERINATAL	YES, MATERNAL & PERINATAL
Benin	1-3	YES	YES	YES	YES	YES	NO	YES	YES	YES, MATERNAL & PERINATAL	YES, MATERNAL & PERINATAL
Bhutan	4-6	YES	YES	YES	YES	YES	YES	YES	NO	YES, MATERNAL & PERINATAL	YES, MATERNAL & PERINATAL
Bolivia (Plurinational State of)	1-3	YES	YES	YES	YES	YES	UNKNOWN	NO	NO	YES, MATERNAL & PERINATAL	YES, MATERNAL & PERINATAL
Botswana	4-6	YES	YES	YES	YES	YES	YES	YES	NO	YES, MATERNAL	YES, MATERNAL
Brazil	DOES NOT SPECIFY	YES	YES	YES	YES	YES	YES	YES	YES	YES, MATERNAL & PERINATAL	NO

Table A2.3 (continued). Existence of selected policies/guidelines/laws on maternal and newborn health by country, as reported in the 2023 WHO SRMNCAH policy survey

Country	Strategic plan for maternal and newborn health	Number of ANC contacts for a normal pregnancy recommended in the national policy/guideline	National policy/guideline recommends a first ANC visit by 12 weeks' gestation	National policy/guideline on ANC recommends the use of antenatal corticosteroids for prevention of preterm birth complications	National guideline/policy/law for using a labour monitoring tool	National policy/ guideline that recommends the presence of a companion of choice during childbirth	National policy/ guideline on assisted vaginal delivery	National policy/ guideline on caesarean section	National policy/guideline recommends the use of uterotonics for the prevention and treatment of postpartum haemorrhage	National policy/guideline that recommends the woman and newborn be kept together from birth until they are discharged from a facility	National policies/guidelines on postnatal care for women and/or newborns	National policy/guideline that indicates a minimum length of stay in a facility for the woman and newborn after birth
Brunei Darussalam	UNKNOWN	≥8	≤12	YES	YES	YES	YES	YES	YES	YES	YES	UNKNOWN
Burkina Faso	YES	≥8	≤12	YES	YES	YES	YES	YES	YES	YES	YES	YES
Burundi	YES	4-7	>12	YES	YES	NO	YES	YES	YES	YES	YES	YES
Cabo Verde	NO	≥8	≤12	YES	YES	NO	NO	NO	YES	YES	YES	YES
Cambodia	YES	4-7	≤12	YES	YES	YES	YES	YES	YES	YES	YES	YES
Cameroon	YES	≥8	≤12	YES	YES	NO	YES	YES	YES	YES	YES	YES
Central African Republic	YES	≥8	≤12	YES	YES	YES	YES	YES	YES	YES	YES	YES
Chad	YES	4-7	≤12	YES	YES	NO	YES	YES	YES	YES	YES	YES
Chile	YES	NOT SPECIFIED	≤12	YES	YES	YES	YES	YES	YES	YES	YES	YES
China	YES	4-7	≤12	YES	YES	YES	YES	YES	YES	YES	YES	YES
Colombia	YES	NOT SPECIFIED	NOT SPECIFIED	YES	YES	YES	YES	YES	YES	YES	YES	YES
Comoros	YES	<4	≤12	YES	YES	YES	YES	YES	YES	YES	YES	YES
Congo	YES	≥8	≤12	YES	YES	YES	YES	YES	YES	YES	YES	YES
Cook Islands	YES	4-7	≤12	NO	UNKNOWN	YES	YES	YES	YES	YES	YES	NO

Table A2.3 (continued). Existence of selected policies/guidelines/laws on maternal and newborn health by country, as reported in the 2023 WHO SRMNCAH policy survey

Country	Number of routine postnatal care contacts recommended in the national policy/guideline	National policy/guideline that recommends preterm/low-birth-weight newborns, including those with very low birthweight, should be fed breastmilk	National policy/guideline that recommends kangaroo mother care for clinically stable newborns weighing 2000g or less at birth, at health facilities	National policy/guideline that recommends CPAP as the primary means of respiratory support for preterm infants with respiratory distress syndrome	Policies/guidelines for the management of newborn infants with severe illness	National policy/guideline for treatment of young infants (0-59 days) with possible serious bacterial infection at a primary health facility when referral is not feasible	National policy/guideline on treatment of sick newborns at home or a health centre when referral is not feasible	National policy/guideline on education of midwifery care providers that includes competencies in pre-pregnancy and ANC, care during labour and birth, and ongoing care of women and newborns	National policy recognizing midwives as a distinct occupational group, separate to nurses	National guideline/policy/law that requires audit and/or review of maternal or perinatal death	National guideline/policy/law requiring all maternal and perinatal deaths happening in health facilities to be notified within 24 hours to the national, state, or provincial authority
Brunei Darussalam	1-3	YES	YES	NO	YES	NO	NO	YES	YES	YES, MATERNAL & PERINATAL	YES, MATERNAL & PERINATAL
Burkina Faso	1-3	YES	YES	UNKNOWN	YES	YES	YES	YES	YES	YES, MATERNAL & PERINATAL	YES, MATERNAL & PERINATAL
Burundi	1-3	YES	YES	YES	YES	YES	YES	YES	YES	YES, MATERNAL & PERINATAL	YES, MATERNAL & PERINATAL
Cabo Verde	1-3	YES	NO	YES	YES	YES	YES	YES	NO	YES, MATERNAL & PERINATAL	YES, MATERNAL & PERINATAL
Cambodia	7-10	YES	YES	YES	YES	NO	NO	YES	YES	YES, MATERNAL	YES, MATERNAL & PERINATAL
Cameroon	1-3	YES	YES	YES	YES	NO	NO	YES	YES	YES, MATERNAL & PERINATAL	YES, MATERNAL & PERINATAL
Central African Republic	1-3	YES	YES	YES	YES	YES	YES	YES	YES	YES, MATERNAL & PERINATAL	YES, MATERNAL & PERINATAL
Chad	1-3	NO	YES	NO	YES	YES	YES	YES	YES	YES, MATERNAL & PERINATAL	YES, MATERNAL & PERINATAL
Chile	1-3	YES	YES	YES	YES	YES	YES	YES	NO	YES, MATERNAL & PERINATAL	YES, MATERNAL & PERINATAL
China	4-6	YES	NO	YES	YES	NO	NO	YES	YES	YES, MATERNAL & PERINATAL	YES, MATERNAL & PERINATAL
Colombia	1-3	YES	YES	YES	YES	YES	YES	YES	YES	YES, MATERNAL & PERINATAL	YES, MATERNAL & PERINATAL
Comoros	1-3	YES	YES	YES	YES	YES	NO	YES	YES	YES, MATERNAL & PERINATAL	YES, MATERNAL & PERINATAL
Congo	4-6	YES	YES	YES	YES	YES	NO	YES	YES	YES, MATERNAL	YES, MATERNAL
Cook Islands	4-6	UNKNOWN	UNKNOWN	YES	YES	YES	YES	YES	UNKNOWN	YES, MATERNAL & PERINATAL	YES, MATERNAL & PERINATAL

Table A2.3 (continued). Existence of selected policies/guidelines/laws on maternal and newborn health by country, as reported in the 2023 WHO SRMNCAH policy survey

Country	Strategic plan for maternal and newborn health	Number of ANC contacts for a normal pregnancy recommended in the national policy/guideline	National policy/guideline recommends a first ANC visit by 12 weeks' gestation	National policy/guideline on ANC recommends the use of antenatal corticosteroids for prevention of preterm birth complications	National guideline/policy/law for using a labour monitoring tool	National policy/ guideline that recommends the presence of a companion of choice during childbirth	National policy/ guideline on assisted vaginal delivery	National policy/ guideline on caesarean section	National policy/guideline recommends the use of uterotonics for the prevention and treatment of postpartum haemorrhage	National policy/guideline that recommends the woman and newborn be kept together from birth until they are discharged from a facility	National policies/guidelines on postnatal care for women and/or newborns	National policy/guideline that indicates a minimum length of stay in a facility for the woman and newborn after birth
Costa Rica	NO	4-7	≤12	YES	YES	YES	YES	YES	YES	YES	YES	YES
Côte d'Ivoire	YES	≥8	≤12	NO	YES	NO	YES	YES	YES	YES	YES	YES
Cuba	YES	≥8	≤12	YES	YES	YES	YES	YES	NO	YES	YES	YES
Democratic People's Republic of Korea	YES	4-7	≤12	YES	YES	NO	YES	YES	YES	YES	YES	YES
Democratic Republic of the Congo	YES	4-7	≤12	YES	YES	YES	YES	YES	YES	YES	YES	YES
Djibouti	YES	≥8	≤12	YES	YES	NO	YES	YES	YES	YES	YES	YES
Dominica	YES	4-7	≤12	YES	YES	YES	YES	YES	YES	YES	YES	YES
Ecuador	YES	4-7	≤12	YES	YES	YES	YES	YES	NO	YES	YES	YES
Egypt	YES	4-7	≤12	YES	NO	NO	YES	YES	YES	YES	YES	NO
El Salvador	YES	≥8	≤12	YES	YES	YES	NO	YES	NO	YES	YES	YES
Equatorial Guinea	YES	≥8	≤12	YES	YES	UNKNOWN	YES	YES	YES	YES	YES	YES
Eswatini	YES	≥8	≤12	YES	YES	YES	YES	YES	YES	YES	YES	YES
Ethiopia	YES	≥8	≤12	YES	YES	YES	YES	YES	YES	YES	YES	YES
Gabon	YES	≥8	≤12	YES	NO	NO	NO	NO	YES	YES	YES	YES

Table A2.3 (continued). Existence of selected policies/guidelines/laws on maternal and newborn health by country, as reported in the 2023 WHO SRMNCAH policy survey

Country	Number of routine postnatal care contacts recommended in the national policy/guideline	National policy/guideline that recommends preterm/ low-birth-weight newborns, including those with very low birthweight, should be fed breastmilk	National policy/guideline that recommends kangaroo mother care for clinically stable newborns weighing 2000g or less at birth, at health facilities	National policy/guideline that recommends CPAP as the primary means of respiratory support for preterm infants with respiratory distress syndrome	Policies/guidelines for the management of newborn infants with severe illness	National policy/guideline for treatment of young infants (0-59 days) with possible serious bacterial infection at a primary health facility when referral is not feasible	National policy/guideline on treatment of sick newborns at home or a health centre when referral is not feasible	National policy/guideline on education of midwifery care providers that includes competencies in pre-pregnancy and ANC, care during labour and birth, and ongoing care of women and newborns	National policy recognizing midwives as a distinct occupational group, separate to nurses	National guideline/policy/law that requires audit and/or review of maternal or perinatal death	National guideline/policy/law requiring all maternal and perinatal deaths happening in health facilities to be notified within 24 hours to the national, state, or provincial authority
Costa Rica	1-3	YES	YES	NO	YES	NO	NO	NO	NO	YES, MATERNAL & PERINATAL	YES, MATERNAL & PERINATAL
Côte d'Ivoire	4-6	YES	YES	NO	YES	YES	YES	YES	YES	YES, MATERNAL & PERINATAL	YES, MATERNAL & PERINATAL
Cuba	4-6	YES	YES	YES	YES	NO	NO	YES	YES	YES, MATERNAL & PERINATAL	YES, MATERNAL & PERINATAL
Democratic People's Republic of Korea	4-6	YES	YES	YES	YES	YES	YES	YES	YES	YES, MATERNAL & PERINATAL	YES, MATERNAL & PERINATAL
Democratic Republic of the Congo	1-3	YES	YES	YES	YES	YES	YES	YES	YES	YES, MATERNAL & PERINATAL	YES, MATERNAL & PERINATAL
Djibouti	1-3	YES	YES	YES	YES	YES	YES	YES	YES	YES, MATERNAL & PERINATAL	YES, MATERNAL & PERINATAL
Dominica	4-6	YES	YES	YES	YES	YES	NO	YES	NO	YES, MATERNAL & PERINATAL	YES, MATERNAL & PERINATAL
Ecuador	1-3	YES	YES	UNKNOWN	YES	YES	YES	YES	NO	YES, MATERNAL & PERINATAL	YES, MATERNAL & PERINATAL
Egypt	1-3	YES	YES	UNKNOWN	YES	YES	UNKNOWN	YES	NO	YES, MATERNAL	YES, MATERNAL & PERINATAL
El Salvador	1-3	YES	YES	YES	YES	YES	YES	NO	NO	YES, MATERNAL & PERINATAL	YES, MATERNAL & PERINATAL
Equatorial Guinea	DOES NOT SPECIFY	YES	YES	YES	YES	YES	NO	NO	NO	NO	NO
Eswatini	1-3	YES	YES	YES	YES	YES	YES	YES	UNKNOWN	YES, MATERNAL & PERINATAL	YES, MATERNAL & PERINATAL
Ethiopia	4-6	YES	YES	YES	YES	YES	YES	YES	YES	YES, MATERNAL & PERINATAL	YES, MATERNAL & PERINATAL
Gabon	4-6	YES	NO	NO	YES	YES	UNKNOWN	YES	YES	YES, MATERNAL	YES, MATERNAL

Table A2.3 (continued). Existence of selected policies/guidelines/laws on maternal and newborn health by country, as reported in the 2023 WHO SRMNCAH policy survey

Country	Strategic plan for maternal and newborn health	Number of ANC contacts for a normal pregnancy recommended in the national policy/guideline	National policy/guideline recommends a first ANC visit by 12 weeks' gestation	National policy/guideline on ANC recommends the use of antenatal corticosteroids for prevention of preterm birth complications	National guideline/policy/law for using a labour monitoring tool	National policy/ guideline that recommends the presence of a companion of choice during childbirth	National policy/ guideline on assisted vaginal delivery	National policy/ guideline on caesarean section	National policy/guideline recommends the use of uterotonics for the prevention and treatment of postpartum haemorrhage	National policy/guideline that recommends the woman and newborn be kept together from birth until they are discharged from a facility	National policies/guidelines on postnatal care for women and/or newborns	National policy/guideline that indicates a minimum length of stay in a facility for the woman and newborn after birth
Ghana	YES	4-7	≤12	YES	YES	NO	YES	YES	YES	YES	YES	YES
Grenada	YES	≥8	≤12	YES	YES	YES	YES	YES	YES	YES	YES	UNKNOWN
Guatemala	YES	4-7	≤12	YES	YES	YES	YES	YES	NO	YES	YES	UNKNOWN
Guinea	YES	4-7	≤12	YES	YES	YES	YES	YES	YES	YES	YES	YES
Guinea-Bissau	YES	4-7	≤12	YES	YES	NO	YES	YES	YES	YES	YES	YES
Guyana	YES	≥8	≤12	YES	YES	NO	YES	YES	YES	YES	YES	YES
Haiti	YES	4-7	≤12	YES	YES	YES	YES	YES	YES	YES	YES	YES
Honduras	YES	4-7	≤12	YES	YES	YES	YES	YES	YES	YES	YES	YES
India	YES	4-7	≤12	YES	YES	YES	YES	YES	YES	YES	YES	YES
Indonesia	YES	4-7	≤12	YES	YES	YES	YES	NO	YES	YES	YES	YES
Iraq	NO	≥8	≤12	YES	YES	YES	NO	YES	YES	YES	YES	YES
Jordan	YES	≥8	≤12	YES	YES	NO	YES	YES	YES	YES	YES	YES
Kenya	NO	≥8	≤12	YES	YES	YES	YES	YES	YES	YES	YES	YES
Lao People's Democratic Republic	YES	≥8	≤12	YES	YES	YES	YES	UNKNOWN	YES	YES	YES	YES
Lebanon	NO	4-7	≤12	YES	UNKNOWN	NO	NO	NO	NO	NO	YES	YES

Table A2.3 (continued). Existence of selected policies/guidelines/laws on maternal and newborn health by country, as reported in the 2023 WHO SRMNCAH policy survey

Country	Number of routine postnatal care contacts recommended in the national policy/guideline	National policy/guideline that recommends preterm/ low-birth-weight newborns, including those with very low birthweight, should be fed breastmilk	National policy/guideline that recommends kangaroo mother care for clinically stable newborns weighing 2000g or less at birth, at health facilities	National policy/guideline that recommends CPAP as the primary means of respiratory support for preterm infants with respiratory distress syndrome	Policies/guidelines for the management of newborn infants with severe illness	National policy/guideline for treatment of young infants (0-59 days) with possible serious bacterial infection at a primary health facility when referral is not feasible	National policy/guideline on treatment of sick newborns at home or a health centre when referral is not feasible	National policy/guideline on education of midwifery care providers that includes competencies in pre-pregnancy and ANC, care during labour and birth, and ongoing care of women and newborns	National policy recognizing midwives as a distinct occupational group, separate to nurses	National guideline/policy/law that requires audit and/or review of maternal or perinatal death	National guideline/policy/law requiring all maternal and perinatal deaths happening in health facilities to be notified within 24 hours to the national, state, or provincial authority
Ghana	1-3	YES	YES	YES	YES	NO	NO	YES	YES	YES, MATERNAL & PERINATAL	YES, MATERNAL & PERINATAL
Grenada	1-3	YES	YES	NO	YES	NO	NO	NO	YES	NO	NO
Guatemala	1-3	YES	YES	NO	YES	NO	NO	YES	YES	YES, MATERNAL & PERINATAL	YES, MATERNAL & PERINATAL
Guinea	4-6	YES	YES	YES	YES	YES	YES	YES	YES	YES, MATERNAL & PERINATAL	YES, MATERNAL & PERINATAL
Guinea-Bissau	4-6	YES	YES	YES	YES	YES	NO	YES	NO	YES, MATERNAL	YES, MATERNAL
Guyana	4-6	YES	UNKNOWN	UNKNOWN	YES	YES	UNKNOWN	YES	YES	YES, MATERNAL & PERINATAL	YES, MATERNAL & PERINATAL
Haiti	DOES NOT SPECIFY	YES	YES	YES	YES	YES	YES	YES	YES	YES, MATERNAL & PERINATAL	YES, MATERNAL & PERINATAL
Honduras	1-3	YES	YES	YES	YES	YES	YES	NO	NO	YES, MATERNAL & PERINATAL	YES, MATERNAL & PERINATAL
India	4-6	YES	YES	YES	YES	YES	YES	YES	YES	YES, MATERNAL	YES, MATERNAL
Indonesia	1-3	YES	YES	YES	YES	NO	YES	YES	YES	YES, MATERNAL & PERINATAL	YES, MATERNAL & PERINATAL
Iraq	4-6	YES	YES	YES	YES	YES	YES	YES	YES	YES, MATERNAL & PERINATAL	YES, MATERNAL
Jordan	1-3	YES	YES	YES	YES	NO	NO	YES	YES	YES, MATERNAL & PERINATAL	YES, MATERNAL & PERINATAL
Kenya	1-3	YES	YES	YES	YES	YES	YES	YES	YES	YES, MATERNAL & PERINATAL	YES, MATERNAL & PERINATAL
Lao People's Democratic Republic	1-3	YES	YES	YES	YES	UNKNOWN	UNKNOWN	YES	YES	YES, MATERNAL	YES, MATERNAL
Lebanon	1-3	UNKNOWN	NO	NO	NO	NO	NO	NO	YES	YES, MATERNAL	NO

Table A2.3 (continued). Existence of selected policies/guidelines/laws on maternal and newborn health by country, as reported in the 2023 WHO SRMNCAH policy survey

Country	Strategic plan for maternal and newborn health	Number of ANC contacts for a normal pregnancy recommended in the national policy/guideline	National policy/guideline recommends a first ANC visit by 12 weeks' gestation	National policy/guideline on ANC recommends the use of antenatal corticosteroids for prevention of preterm birth complications	National guideline/policy/law for using a labour monitoring tool	National policy/ guideline that recommends the presence of a companion of choice during childbirth	National policy/ guideline on assisted vaginal delivery	National policy/ guideline on caesarean section	National policy/guideline recommends the use of uterotonics for the prevention and treatment of postpartum haemorrhage	National policy/guideline that recommends the woman and newborn be kept together from birth until they are discharged from a facility	National policies/guidelines on postnatal care for women and/or newborns	National policy/guideline that indicates a minimum length of stay in a facility for the woman and newborn after birth
Lesotho	YES	≥8	≤12	YES	YES	YES	YES	NO	YES	YES	YES	YES
Liberia	YES	≥8	≤12	YES	YES	YES	YES	NO	YES	YES	YES	YES
Madagascar	YES	≥8	≤12	YES	YES	YES	YES	NO	YES	YES	YES	YES
Malawi	YES	≥8	≤12	YES	YES	YES	YES	YES	YES	YES	YES	YES
Malaysia	YES	≥8	≤12	YES	YES	YES	YES	YES	YES	YES	YES	NO
Maldives	YES	≥8	≤12	YES	YES	NO	YES	YES	YES	YES	YES	NO
Mali	YES	4-7	≤12	YES	YES	YES	YES	YES	YES	YES	YES	YES
Mauritania	YES	≥8	≤12	YES	YES	YES	YES	YES	YES	YES	YES	YES
Mauritius	YES	≥8	≤12	YES	YES	NO	YES	YES	YES	YES	YES	NO
Mexico	YES	≥8	≤12	YES	YES	YES	NO	YES	YES	YES	YES	YES
Mongolia	YES	UNKNOWN	≤12	YES	YES	YES	UNKNOWN	UNKNOWN	YES	YES	YES	UNKNOWN
Morocco	YES	≥8	≤12	YES	YES	NO	YES	YES	YES	YES	YES	YES
Mozambique	YES	4-7	≤12	YES	YES	YES	YES	UNKNOWN	YES	YES	YES	YES
Myanmar	YES	≥8	≤12	YES	YES	YES	YES	YES	YES	YES	YES	YES

Table A2.3 (continued). Existence of selected policies/guidelines/laws on maternal and newborn health by country, as reported in the 2023 WHO SRMNCAH policy survey

Country	Number of routine postnatal care contacts recommended in the national policy/guideline	National policy/guideline that recommends preterm/low-birth-weight newborns, including those with very low birthweight, should be fed breastmilk	National policy/guideline that recommends kangaroo mother care for clinically stable newborns weighing 2000g or less at birth, at health facilities	National policy/guideline that recommends CPAP as the primary means of respiratory support for preterm infants with respiratory distress syndrome	Policies/guidelines for the management of newborn infants with severe illness	National policy/guideline for treatment of young infants (0-59 days) with possible serious bacterial infection at a primary health facility when referral is not feasible	National policy/guideline on treatment of sick newborns at home or a health centre when referral is not feasible	National policy/guideline on education of midwifery care providers that includes competencies in pre-pregnancy and ANC, care during labour and birth, and ongoing care of women and newborns	National policy recognizing midwives as a distinct occupational group, separate to nurses	National guideline/policy/law that requires audit and/or review of maternal or perinatal death	National guideline/policy/law requiring all maternal and perinatal deaths happening in health facilities to be notified within 24 hours to the national, state, or provincial authority
Lesotho	4-6	YES	YES	YES	YES	YES	YES	NO	NO	YES, MATERNAL & PERINATAL	YES, MATERNAL & PERINATAL
Liberia	4-6	YES	YES	NO	YES	UNKNOWN	YES	YES	YES	YES, MATERNAL & PERINATAL	YES, MATERNAL & PERINATAL
Madagascar	1-3	YES	YES	YES	YES	YES	YES	YES	YES	YES, MATERNAL & PERINATAL	YES, MATERNAL & PERINATAL
Malawi	1-3	YES	YES	YES	YES	YES	YES	YES	YES	YES, MATERNAL & PERINATAL	YES, MATERNAL & PERINATAL
Malaysia	4-6	YES	NO	YES	YES	NO	YES	YES	YES	YES, MATERNAL & PERINATAL	YES, MATERNAL & PERINATAL
Maldives	4-6	YES	YES	YES	YES	YES	YES	YES	NO	YES, MATERNAL & PERINATAL	YES, MATERNAL & PERINATAL
Mali	1-3	YES	YES	YES	YES	YES	YES	YES	YES	YES, MATERNAL & PERINATAL	YES, MATERNAL & PERINATAL
Mauritania	4-6	YES	YES	YES	YES	YES	YES	YES	YES	YES, MATERNAL & PERINATAL	YES, MATERNAL & PERINATAL
Mauritius	4-6	YES	YES	YES	YES	YES	YES	YES	YES	YES, MATERNAL & PERINATAL	YES, MATERNAL & PERINATAL
Mexico	1-3	YES	YES	YES	YES	YES	YES	NO	YES	YES, MATERNAL & PERINATAL	YES, MATERNAL
Mongolia	UNKNOWN	YES	UNKNOWN	UNKNOWN	UNKNOWN	UNKNOWN	UNKNOWN	UNKNOWN	UNKNOWN	YES, MATERNAL & PERINATAL	YES, MATERNAL & PERINATAL
Morocco	1-3	YES	YES	YES	YES	NO	YES	YES	YES	YES, MATERNAL & PERINATAL	YES, MATERNAL & PERINATAL
Mozambique	1-3	YES	YES	YES	YES	YES	NO	NO	YES	YES, MATERNAL & PERINATAL	YES, MATERNAL
Myanmar	4-6	YES	YES	YES	YES	YES	YES	YES	YES	YES, MATERNAL & PERINATAL	YES, MATERNAL & PERINATAL

Table A2.3 (continued). Existence of selected policies/guidelines/laws on maternal and newborn health by country, as reported in the 2023 WHO SRMNCAH policy survey

Country	Strategic plan for maternal and newborn health	Number of ANC contacts for a normal pregnancy recommended in the national policy/guideline	National policy/guideline recommends a first ANC visit by 12 weeks' gestation	National policy/guideline on ANC recommends the use of antenatal corticosteroids for prevention of preterm birth complications	National guideline/policy/law for using a labour monitoring tool	National policy/ guideline that recommends the presence of a companion of choice during childbirth	National policy/ guideline on assisted vaginal delivery	National policy/ guideline on caesarean section	National policy/guideline recommends the use of uterotonics for the prevention and treatment of postpartum haemorrhage	National policy/guideline that recommends the woman and newborn be kept together from birth until they are discharged from a facility	National policies/guidelines on postnatal care for women and/or newborns	National policy/guideline that indicates a minimum length of stay in a facility for the woman and newborn after birth
Namibia	YES	≥8	≤12	YES	YES	YES	YES	YES	YES	YES	YES	YES
Nepal	YES	≥8	≤12	YES	YES	YES	YES	YES	YES	YES	YES	YES
Nicaragua	YES	4-7	≤12	YES	YES	YES	YES	YES	YES	YES	YES	YES
Niger	YES	≥8	≤12	YES	YES	YES	YES	YES	YES	YES	YES	YES
Nigeria	YES	≥8	UNKNOWN	YES	YES	YES	UNKNOWN	YES	YES	YES	YES	UNKNOWN
North Macedonia	YES	4-7	≤12	YES	YES	NO	YES	NO	YES	YES	YES	UNKNOWN
Oman	YES	≥8	≤12	YES	YES	YES	YES	YES	YES	YES	YES	YES
Pakistan	YES	4-7	≤12	YES	YES	YES	YES	YES	YES	YES	YES	YES
Panama	YES	4-7	≤12	YES	YES	YES	YES	YES	YES	YES	YES	NO
Papua New Guinea	YES	4-7	≤12	YES	YES	UNKNOWN	YES	YES	YES	YES	YES	YES
Paraguay	YES	4-7	≤12	YES	YES	YES	YES	YES	YES	YES	YES	YES
Peru	NO	4-7	≤12	YES	YES	YES	YES	YES	YES	YES	YES	YES
Philippines	NO	≥8	≤12	YES	YES	YES	NO	NO	YES	YES	YES	YES
Republic of Moldova	YES	≥8	≤12	YES	YES	YES	YES	YES	YES	YES	YES	YES

Table A2.3 (continued). Existence of selected policies/guidelines/laws on maternal and newborn health by country, as reported in the 2023 WHO SRMNCAH policy survey

Country	Number of routine postnatal care contacts recommended in the national policy/guideline	National policy/guideline that recommends preterm/low-birth-weight newborns, including those with very low birthweight, should be fed breastmilk	National policy/guideline that recommends kangaroo mother care for clinically stable newborns weighing 2000g or less at birth, at health facilities	National policy/guideline that recommends CPAP as the primary means of respiratory support for preterm infants with respiratory distress syndrome	Policies/guidelines for the management of newborn infants with severe illness	National policy/guideline for treatment of young infants (0-59 days) with possible serious bacterial infection at a primary health facility when referral is not feasible	National policy/guideline on treatment of sick newborns at home or a health centre when referral is not feasible	National policy/guideline on education of midwifery care providers that includes competencies in pre-pregnancy and ANC, care during labour and birth, and ongoing care of women and newborns	National policy recognizing midwives as a distinct occupational group, separate to nurses	National guideline/policy/law that requires audit and/or review of maternal or perinatal death	National guideline/policy/law requiring all maternal and perinatal deaths happening in health facilities to be notified within 24 hours to the national, state, or provincial authority
Namibia	1-3	YES	YES	YES	YES	YES	YES	YES	YES	YES, MATERNAL & PERINATAL	YES, MATERNAL
Nepal	4-6	YES	YES	YES	YES	YES	YES	YES	YES	YES, MATERNAL & PERINATAL	YES, MATERNAL & PERINATAL
Nicaragua	1-3	YES	YES	YES	YES	YES	YES	YES	NO	YES, MATERNAL & PERINATAL	YES, MATERNAL & PERINATAL
Niger	1-3	YES	YES	NO	YES	YES	YES	YES	YES	YES, MATERNAL & PERINATAL	YES, MATERNAL & PERINATAL
Nigeria	4-6	YES	YES	YES	YES	YES	NO	YES	YES	YES, MATERNAL & PERINATAL	YES, MATERNAL & PERINATAL
North Macedonia	DOES NOT SPECIFY	UNKNOWN	NO	YES	YES	YES	YES	NO	YES	YES, PERINATAL	YES, MATERNAL & PERINATAL
Oman	1-3	YES	YES	UNKNOWN	YES	YES	YES	YES	YES	YES, MATERNAL & PERINATAL	YES, MATERNAL & PERINATAL
Pakistan	4-6	YES	YES	YES	YES	YES	YES	YES	YES	YES, MATERNAL & PERINATAL	YES, MATERNAL & PERINATAL
Panama	1-3	YES	YES	YES	YES	YES	YES	YES	YES	YES, MATERNAL & PERINATAL	YES, MATERNAL & PERINATAL
Papua New Guinea	4-6	YES	YES	YES	YES	YES	UNKNOWN	YES	YES	YES, MATERNAL & PERINATAL	UNKNOWN
Paraguay	1-3	YES	YES	YES	YES	YES	YES	YES	YES	YES, MATERNAL & PERINATAL	YES, MATERNAL & PERINATAL
Peru	1-3	YES	YES	UNKNOWN	YES	YES	YES	YES	NO	YES, MATERNAL & PERINATAL	YES, MATERNAL & PERINATAL
Philippines	4-6	YES	YES	NO	YES	YES	YES	YES	YES	YES, MATERNAL & PERINATAL	UNKNOWN
Republic of Moldova	1-3	UNKNOWN	NO	YES	YES	NO	NO	YES	NO	YES, MATERNAL & PERINATAL	YES, MATERNAL

Table A2.3 (continued). Existence of selected policies/guidelines/laws on maternal and newborn health by country, as reported in the 2023 WHO SRMNCAH policy survey

Country	Strategic plan for maternal and newborn health	Number of ANC contacts for a normal pregnancy recommended in the national policy/guideline	National policy/guideline recommends a first ANC visit by 12 weeks' gestation	National policy/guideline on ANC recommends the use of antenatal corticosteroids for prevention of preterm birth complications	National guideline/policy/law for using a labour monitoring tool	National policy/ guideline that recommends the presence of a companion of choice during childbirth	National policy/ guideline on assisted vaginal delivery	National policy/ guideline on caesarean section	National policy/guideline recommends the use of uterotonics for the prevention and treatment of postpartum haemorrhage	National policy/guideline that recommends the woman and newborn be kept together from birth until they are discharged from a facility	National policies/guidelines on postnatal care for women and/or newborns	National policy/guideline that indicates a minimum length of stay in a facility for the woman and newborn after birth
Rwanda	YES	≥8	≤12	YES	YES	NO	YES	YES	YES	YES	YES	YES
Saint Lucia	YES	≥8	≤12	NO	NO	NO	YES	YES	YES	YES	YES	YES
Sao Tome and Principe	YES	4-7	≤12	YES	YES	NO	YES	YES	YES	YES	YES	YES
Senegal	YES	≥8	≤12	YES	YES	YES	YES	YES	YES	YES	YES	YES
Seychelles	NO	≥8	≤12	YES	YES	YES	YES	YES	YES	YES	YES	YES
Sierra Leone	YES	≥8	≤12	YES	YES	YES	YES	YES	YES	YES	YES	YES
Singapore	YES	UNKNOWN	UNKNOWN	YES	NO	NO	NO	NO	YES	YES	YES	NO
Solomon Islands	NO	≥8	≤12	YES	NO	NO	NO	NO	YES	YES	YES	YES
Somalia	YES	≥8	≤12	YES	YES	YES	YES	YES	YES	YES	YES	YES
South Africa	YES	≥8	>12	YES	YES	YES	YES	YES	YES	YES	YES	YES
South Sudan	YES	4-7	≤12	NO	NO	NO	NO	NO	YES	UNKNOWN	YES	NO
Sri Lanka	YES	≥8	≤12	YES	YES	YES	NO	NO	YES	YES	YES	YES
Sudan	YES	4-7	≤12	NO	NO	NO	YES	YES	YES	YES	YES	YES
Suriname	YES	≥8	≤12	NO	NO	NO	NO	NO	YES	NO	NO	NO
Syrian Arab Republic	YES	4-7	≤12	YES	YES	NO	YES	YES	YES	YES	YES	NO

Table A2.3 (continued). Existence of selected policies/guidelines/laws on maternal and newborn health by country, as reported in the 2023 WHO SRMNCAH policy survey

Country	Number of routine postnatal care contacts recommended in the national policy/guideline	National policy/guideline that recommends preterm/ low-birth-weight newborns, including those with very low birthweight, should be fed breastmilk	National policy/guideline that recommends kangaroo mother care for clinically stable newborns weighing 2000g or less at birth, at health facilities	National policy/guideline that recommends CPAP as the primary means of respiratory support for preterm infants with respiratory distress syndrome	Policies/guidelines for the management of newborn infants with severe illness	National policy/guideline for treatment of young infants (0-59 days) with possible serious bacterial infection at a primary health facility when referral is not feasible	National policy/guideline on treatment of sick newborns at home or a health centre when referral is not feasible	National policy/guideline on education of midwifery care providers that includes competencies in pre-pregnancy and ANC, care during labour and birth, and ongoing care of women and newborns	National policy recognizing midwives as a distinct occupational group, separate to nurses	National guideline/policy/law that requires audit and/ or review of maternal or perinatal death	National guideline/policy/law requiring all maternal and perinatal deaths happening in health facilities to be notified within 24 hours to the national, state, or provincial authority
Rwanda	4-6	YES	YES	YES	YES	YES	YES	YES	YES	YES, MATERNAL & PERINATAL	YES, MATERNAL
Saint Lucia	4-6	YES	UNKNOWN	YES	YES	NO	NO	YES	YES	NO	YES, MATERNAL & PERINATAL
Sao Tome and Principe	DOES NOT SPECIFY	YES	NO	NO	YES	YES	YES	YES	YES	YES, MATERNAL	YES, MATERNAL
Senegal	1-3	YES	YES	YES	YES	NO	YES	YES	YES	YES, MATERNAL & PERINATAL	YES, MATERNAL & PERINATAL
Seychelles	4-6	YES	NO	YES	YES	UNKNOWN	NO	YES	YES	YES, MATERNAL	YES, MATERNAL & PERINATAL
Sierra Leone	1-3	YES	YES	YES	YES	YES	YES	YES	YES	YES, MATERNAL & PERINATAL	YES, MATERNAL
Singapore	DOES NOT SPECIFY	NO	NO	NO	NO	NO	NO	YES	NO	YES, MATERNAL & PERINATAL	YES, MATERNAL & PERINATAL
Solomon Islands	DOES NOT SPECIFY	NO	NO	NO	NO	NO	YES	NO	NO	NO	NO
Somalia	4-6	YES	YES	NO	NO	YES	YES	YES	YES	YES, MATERNAL	YES, MATERNAL
South Africa	4-6	YES	YES	YES	YES	YES	YES	YES	YES	YES, MATERNAL & PERINATAL	YES, MATERNAL & PERINATAL
South Sudan	UNKNOWN	YES	YES	NO	YES	YES	YES	YES	UNKNOWN	YES, MATERNAL & PERINATAL	YES, MATERNAL & PERINATAL
Sri Lanka	4-6	YES	YES	YES	YES	YES	NO	YES	YES	YES, MATERNAL & PERINATAL	YES, MATERNAL & PERINATAL
Sudan	4-6	YES	YES	YES	YES	YES	UNKNOWN	YES	YES	YES, MATERNAL & PERINATAL	YES, MATERNAL & PERINATAL
Suriname	DOES NOT SPECIFY	NO	NO	NO	NO	NO	NO	NO	YES	NO	NO
Syrian Arab Republic	1-3	YES	YES	UNKNOWN	YES	NO	UNKNOWN	YES	YES	NO	NO

Table A2.3 (continued). Existence of selected policies/guidelines/laws on maternal and newborn health by country, as reported in the 2023 WHO SRMNCAH policy survey

Country	Strategic plan for maternal and newborn health	Number of ANC contacts for a normal pregnancy recommended in the national policy/guideline	National policy/guideline recommends a first ANC visit by 12 weeks' gestation	National policy/guideline on ANC recommends the use of antenatal corticosteroids for prevention of preterm birth complications	National guideline/policy/law for using a labour monitoring tool	National policy/ guideline that recommends the presence of a companion of choice during childbirth	National policy/ guideline on assisted vaginal delivery	National policy/ guideline on caesarean section	National policy/guideline recommends the use of uterotonics for the prevention and treatment of postpartum haemorrhage	National policy/guideline that recommends the woman and newborn be kept together from birth until they are discharged from a facility	National policies/guidelines on postnatal care for women and/or newborns	National policy/guideline that indicates a minimum length of stay in a facility for the woman and newborn after birth
Tajikistan	YES	≥8	≤12	NO	YES	YES	YES	YES	YES	YES	YES	YES
Thailand	YES	≥8	≤12	YES	YES	YES	YES	YES	YES	YES	YES	YES
Timor-Leste	YES	≥8	≤12	YES	YES	YES	YES	NO	YES	YES	YES	YES
Togo	YES	≥8	>12	YES	YES	YES	YES	YES	YES	YES	YES	YES
Uganda	YES	≥8	≤12	YES	YES	YES	YES	YES	YES	YES	NO	YES
United Arab Emirates	YES	≥8	≤12	YES	YES	YES	YES	YES	YES	YES	YES	YES
United Republic of Tanzania	YES	≥8	≤12	YES	YES	YES	YES	YES	YES	YES	YES	YES
Uruguay	NO	NOT SPECIFIED	≤12	YES	YES	YES	YES	YES	YES	YES	YES	YES
Uzbekistan	YES	4-7	≤12	YES	UNKNOWN	UNKNOWN	YES	YES	YES	YES	YES	UNKNOWN
Vanuatu	YES	≥8	≤12	YES	YES	YES	YES	YES	YES	NO	YES	YES
Viet Nam	YES	4-7	≤12	YES	YES	NO	YES	YES	YES	YES	YES	YES
Yemen	YES	4-7	≤12	YES	YES	YES	YES	YES	YES	YES	YES	YES
Zambia	NO	≥8	≤12	YES	YES	NO	YES	YES	YES	YES	YES	NO
Zimbabwe	NO	≥8	≤12	YES	UNKNOWN	YES	UNKNOWN	UNKNOWN	YES	YES	YES	YES

Table A2.3 (continued). Existence of selected policies/guidelines/laws on maternal and newborn health by country, as reported in the 2023 WHO SRMNCAH policy survey

Country	Number of routine postnatal care contacts recommended in the national policy/guideline	National policy/guideline that recommends preterm/ low-birth-weight newborns, including those with very low birthweight, should be fed breastmilk	National policy/guideline that recommends kangaroo mother care for clinically stable newborns weighing 2000g or less at birth, at health facilities	National policy/guideline that recommends CPAP as the primary means of respiratory support for preterm infants with respiratory distress syndrome	Policies/guidelines for the management of newborn infants with severe illness	National policy/guideline for treatment of young infants (0-59 days) with possible serious bacterial infection at a primary health facility when referral is not feasible	National policy/guideline on treatment of sick newborns at home or a health centre when referral is not feasible	National policy/guideline on education of midwifery care providers that includes competencies in pre-pregnancy and ANC, care during labour and birth, and ongoing care of women and newborns	National policy recognizing midwives as a distinct occupational group, separate to nurses	National guideline/policy/law that requires audit and/ or review of maternal or perinatal death	National guideline/policy/law requiring all maternal and perinatal deaths happening in health facilities to be notified within 24 hours to the national, state, or provincial authority
Tajikistan	1-3	NO	YES	YES	YES	YES	NO	UNKNOWN	UNKNOWN	YES, MATERNAL & PERINATAL	YES, MATERNAL & PERINATAL
Thailand	4-6	YES	YES	YES	YES	NO	NO	YES	YES	YES, MATERNAL & PERINATAL	YES, MATERNAL & PERINATAL
Timor-Leste	4-6	NO	NO	NO	NO	NO	NO	YES	YES	YES, MATERNAL & PERINATAL	YES, MATERNAL & PERINATAL
Togo	1-3	YES	YES	UNKNOWN	YES	YES	UNKNOWN	NO	YES	YES, MATERNAL & PERINATAL	YES, MATERNAL & PERINATAL
Uganda	4-6	YES	YES	YES	YES	YES	YES	YES	YES	YES, MATERNAL & PERINATAL	YES, MATERNAL & PERINATAL
United Arab Emirates	4-6	YES	YES	YES	YES	UNKNOWN	UNKNOWN	YES	YES	YES, MATERNAL & PERINATAL	YES, MATERNAL & PERINATAL
United Republic of Tanzania	4-6	YES	YES	YES	YES	YES	YES	YES	NO	YES, MATERNAL & PERINATAL	YES, MATERNAL
Uruguay	7-10	YES	NO	YES	YES	NO	NO	YES	YES	YES, MATERNAL & PERINATAL	YES, MATERNAL & PERINATAL
Uzbekistan	1-3	YES	YES	YES	YES	NO	YES	YES	YES	YES, MATERNAL & PERINATAL	YES, MATERNAL & PERINATAL
Vanuatu	1-3	YES	YES	NO	YES	YES	NO	YES	NO	YES, MATERNAL & PERINATAL	NO
Viet Nam	1-3	YES	YES	UNKNOWN	YES	YES	YES	YES	YES	YES, MATERNAL	YES, MATERNAL
Yemen	1-3	YES	YES	YES	YES	YES	YES	YES	YES	YES, MATERNAL	YES, MATERNAL & PERINATAL
Zambia	1-3	YES	YES	YES	YES	YES	YES	YES	YES	YES, MATERNAL & PERINATAL	YES, MATERNAL & PERINATAL
Zimbabwe	4-6	YES	YES	YES	YES	UNKNOWN	UNKNOWN	YES	UNKNOWN	YES, MATERNAL & PERINATAL	YES, MATERNAL & PERINATAL

ANC: antenatal care; CPAP: continuous positive airway pressure.

Table A2.4. Existence of selected policies/guidelines/laws on child health by country, as reported in the 2023 WHO SRMNCAH policy survey

Country	Strategic plan for child health	National policy/ guideline on the management of childhood pneumonia for children aged 2–59 months	National policy/ guideline on the management of childhood pneumonia for children aged 5–9 years	National policy/ guideline on the management of childhood diarrhoea	National policy/ guideline on the management of malaria with recommendations for children
Afghanistan	NO	YES	NO	YES, FOR 0-4 YEARS	YES, FOR 0-4 YEARS
Albania	NO	YES	YES	YES, FOR 0-9 YEARS	NOT APPLICABLE (I.E. NOT MALARIA ENDEMIC COUNTRY)
Angola	NO	YES	YES	YES, FOR 0-9 YEARS	YES, FOR 0-9 YEARS
Antigua and Barbuda	YES	NO	NO	YES, FOR 0-9 YEARS	NOT APPLICABLE (I.E. NOT MALARIA ENDEMIC COUNTRY)
Argentina	YES	NO	NO	YES, FOR 0-4 YEARS	NOT APPLICABLE (I.E. NOT MALARIA ENDEMIC COUNTRY)
Australia	YES	NO	NO	NO	NOT APPLICABLE (I.E. NOT MALARIA ENDEMIC COUNTRY)
Bahamas	YES	YES	YES	YES, FOR 0-9 YEARS	NOT APPLICABLE (I.E. NOT MALARIA ENDEMIC COUNTRY)
Bangladesh	YES	YES	NO	YES, FOR 0-4 YEARS	YES, FOR 0-4 YEARS
Belarus	YES	YES	YES	YES, FOR 0-9 YEARS	NOT APPLICABLE (I.E. NOT MALARIA ENDEMIC COUNTRY)
Belize	NO	YES	YES	YES, FOR 0-9 YEARS	YES, FOR 0-9 YEARS
Benin	YES	YES	YES	YES, FOR 0-9 YEARS	YES, FOR 0-9 YEARS
Bhutan	YES	YES	NO	YES, FOR 0-4 YEARS	YES, FOR 0-4 YEARS
Bolivia (Plurinational State of)	NO	YES	YES	YES, FOR 0-4 YEARS	YES, FOR 0-4 YEARS
Botswana	NO	YES	YES	YES, FOR 0-4 YEARS	YES, FOR 0-9 YEARS
Brazil	YES	YES	NO	YES, FOR 0-9 YEARS	YES, FOR 0-9 YEARS
Brunei Darussalam	NO	NO	NO	YES, FOR 0-9 YEARS	NO
Burkina Faso	YES	YES	UNKNOWN	YES, FOR 0-4 YEARS	YES, FOR 0-9 YEARS
Burundi	NO	YES	NO	YES, FOR 0-9 YEARS	YES, FOR 0-9 YEARS
Cabo Verde	NO	YES	YES	YES, FOR 0-4 YEARS	NOT APPLICABLE (I.E. NOT MALARIA ENDEMIC COUNTRY)
Cambodia	YES	YES	YES	YES, FOR 0-4 YEARS	UNKNOWN
Cameroon	YES	YES	YES	YES, FOR 0-9 YEARS	YES, FOR 0-9 YEARS
Central African Republic	YES	YES	YES	YES, FOR 0-9 YEARS	YES, FOR 0-9 YEARS
Chad	YES	YES	YES	YES, FOR 0-9 YEARS	YES, FOR 0-9 YEARS
Chile	YES	YES	NO	NO	NOT APPLICABLE (I.E. NOT MALARIA ENDEMIC COUNTRY)
China	YES	YES	YES	YES, FOR 0-9 YEARS	NOT APPLICABLE (I.E. NOT MALARIA ENDEMIC COUNTRY)
Colombia	YES	YES	YES	YES, FOR 0-4 YEARS	YES, FOR 0-9 YEARS
Comoros	YES	YES	NO	YES, FOR 0-4 YEARS	YES, FOR 0-4 YEARS
Congo	YES	YES	YES	YES, FOR 0-4 YEARS	YES, FOR 0-4 YEARS

Table A2.4 (continued). Existence of selected policies/guidelines/laws on child health by country, as reported in the 2023 WHO SRMNCAH policy survey

Country	National clinical standards for the management of children with severe illness in hospitals	National policy/ guideline on early childhood development	National coordination mechanism for early childhood development	National policy/ guideline on IMCI	National policy/ guideline on iCCM	National policy / guideline for management of childhood illness by trained CHWs
Afghanistan	YES	YES	YES	YES	YES	YES
Albania	YES	YES	YES	YES	YES	NO
Angola	YES	YES	YES	YES	NO	NO
Antigua and Barbuda	UNKNOWN	YES	NO	NO	NO	NO
Argentina	NO	YES	YES	NO	YES	YES
Australia	NO	NO	NO	YES	NO	YES
Bahamas	YES	YES	YES	YES	YES	YES
Bangladesh	YES	YES	YES	YES	YES	YES
Belarus	YES	YES	YES	YES	NO	NO
Belize	YES	YES	YES	YES	YES	YES
Benin	YES	YES	YES	YES	YES	YES
Bhutan	YES	YES	YES	YES	YES	YES
Bolivia (Plurinational State of)	YES	YES	YES	YES	NO	NO
Botswana	NO	YES	YES	YES	NO	YES
Brazil	NO	YES	YES	YES	YES	YES
Brunei Darussalam	UNKNOWN	YES	YES	UNKNOWN	NO	NO
Burkina Faso	YES	NO	YES	YES	YES	YES
Burundi	YES	NO	NO	YES	YES	YES
Cabo Verde	YES	YES	NO	NO	NO	NO
Cambodia	YES	YES	YES	YES	YES	YES
Cameroon	YES	YES	YES	YES	YES	YES
Central African Republic	YES	YES	YES	YES	YES	YES
Chad	YES	NO	NO	YES	YES	YES
Chile	YES	YES	YES	YES	NO	NO
China	YES	YES	YES	YES	YES	YES
Colombia	YES	YES	YES	YES	YES	YES
Comoros	NO	YES	NO	YES	NO	NO
Congo	YES	NO	YES	YES	YES	YES

Table A2.4 (continued). Existence of selected policies/guidelines/laws on child health by country, as reported in the 2023 WHO SRMNCAH policy survey

Country	Strategic plan for child health	National policy/ guideline on the management of childhood pneumonia for children aged 2–59 months	National policy/ guideline on the management of childhood pneumonia for children aged 5–9 years	National policy/ guideline on the management of childhood diarrhoea	National policy/ guideline on the management of malaria with recommendations for children
Cook Islands	NO	YES	UNKNOWN	NO	UNKNOWN
Costa Rica	NO	UNKNOWN	UNKNOWN	YES, FOR 0-9 YEARS	YES, FOR 0-9 YEARS
Côte d'Ivoire	YES	YES	NO	YES, FOR 0-4 YEARS	YES, FOR 0-9 YEARS
Cuba	YES	YES	YES	YES, FOR 0-9 YEARS	NOT APPLICABLE (I.E. NOT MALARIA ENDEMIC COUNTRY)
Democratic People's Republic of Korea	YES	YES	YES	YES, FOR 0-9 YEARS	UNKNOWN
Democratic Republic of the Congo	YES	YES	UNKNOWN	YES, FOR 0-4 YEARS	YES, FOR 0-9 YEARS
Djibouti	NO	YES	NO	YES, FOR 0-4 YEARS	YES, FOR 0-4 YEARS
Dominica	YES	YES	NO	NO	NOT APPLICABLE (I.E. NOT MALARIA ENDEMIC COUNTRY)
Ecuador	YES	YES	UNKNOWN	YES, FOR 0-4 YEARS	NO
Egypt	NO	YES	UNKNOWN	YES, FOR 0-4 YEARS	YES, FOR 0-9 YEARS
El Salvador	YES	YES	YES	YES, FOR 0-9 YEARS	NOT APPLICABLE (I.E. NOT MALARIA ENDEMIC COUNTRY)
Equatorial Guinea	NO	YES	YES	YES, FOR 0-9 YEARS	YES, FOR 0-9 YEARS
Eswatini	YES	YES	YES	YES, FOR 0-4 YEARS	YES, FOR 0-4 YEARS
Ethiopia	YES	YES	YES	YES, FOR 0-9 YEARS	YES, FOR 0-9 YEARS
Gabon	YES	NO	NO	YES, FOR 0-4 YEARS	YES, FOR 0-9 YEARS
Ghana	YES	YES	YES	YES, FOR 0-9 YEARS	YES, FOR 0-9 YEARS
Grenada	NO	NO	NO	NO	NOT APPLICABLE (I.E. NOT MALARIA ENDEMIC COUNTRY)
Guatemala	NO	YES	YES	YES, FOR 0-9 YEARS	YES, FOR 0-9 YEARS
Guinea	NO	YES	YES	YES, FOR 0-9 YEARS	YES, FOR 0-9 YEARS
Guinea-Bissau	YES	YES	YES	YES, FOR 0-4 YEARS	YES, FOR 0-9 YEARS
Guyana	YES	YES	YES	YES, FOR 0-4 YEARS	YES, FOR 0-9 YEARS
Haiti	YES	YES	YES	YES, FOR 0-9 YEARS	YES, FOR 0-9 YEARS
Honduras	NO	YES	YES	YES, FOR 0-4 YEARS	YES, FOR 0-9 YEARS
India	NO	YES	YES	YES, FOR 0-9 YEARS	YES, FOR 0-4 YEARS
Indonesia	NO	YES	NO	YES, FOR 0-4 YEARS	YES, FOR 0-9 YEARS
Iraq	NO	YES	NO	YES, FOR 0-4 YEARS	NOT APPLICABLE (I.E. NOT MALARIA ENDEMIC COUNTRY)
Jordan	YES	YES	YES	YES, FOR 0-4 YEARS	YES, FOR 0-4 YEARS
Kenya	YES	YES	NO	YES, FOR 0-4 YEARS	YES, FOR 0-4 YEARS
Lao People's Democratic Republic	YES	YES	YES	YES, FOR 0-4 YEARS	YES, FOR 0-9 YEARS

Table A2.4 (continued). Existence of selected policies/guidelines/laws on child health by country, as reported in the 2023 WHO SRMNCAH policy survey

Country	National clinical standards for the management of children with severe illness in hospitals	National policy/ guideline on early childhood development	National coordination mechanism for early childhood development	National policy/ guideline on IMCI	National policy/ guideline on iCCM	National policy / guideline for management of childhood illness by trained CHWs
Cook Islands	NO	NO	NO	NO	NO	NO
Costa Rica	UNKNOWN	YES	YES	NO	NO	NO
Côte d'Ivoire	UNKNOWN	NO	NO	YES	YES	YES
Cuba	YES	YES	YES	NO	NO	NO
Democratic People's Republic of Korea	YES	YES	YES	YES	YES	YES
Democratic Republic of the Congo	YES	YES	UNKNOWN	YES	YES	YES
Djibouti	NO	YES	YES	YES	NO	YES
Dominica	YES	YES	YES	YES	NO	NO
Ecuador	UNKNOWN	YES	YES	YES	NO	NO
Egypt	YES	YES	YES	YES	YES	YES
El Salvador	YES	YES	YES	YES	YES	YES
Equatorial Guinea	NO	NO	NO	YES	YES	NO
Eswatini	NO	UNKNOWN	YES	YES	NO	NO
Ethiopia	YES	YES	YES	YES	YES	YES
Gabon	UNKNOWN	NO	NO	NO	YES	YES
Ghana	YES	YES	YES	YES	NO	YES
Grenada	NO	YES	YES	NO	NO	NO
Guatemala	UNKNOWN	YES	YES	YES	YES	UNKNOWN
Guinea	YES	YES	UNKNOWN	YES	YES	YES
Guinea-Bissau	YES	YES	NO	YES	YES	YES
Guyana	YES	YES	YES	YES	YES	YES
Haiti	YES	YES	YES	YES	YES	YES
Honduras	NO	YES	YES	YES	NO	YES
India	YES	YES	YES	YES	YES	YES
Indonesia	YES	YES	YES	YES	YES	YES
Iraq	UNKNOWN	YES	YES	YES	NO	NO
Jordan	YES	YES	YES	YES	NO	NO
Kenya	YES	YES	YES	YES	YES	YES
Lao People's Democratic Republic	YES	YES	YES	YES	NO	YES

Table A2.4 (continued). Existence of selected policies/guidelines/laws on child health by country, as reported in the 2023 WHO SRMNCAH policy survey

Country	Strategic plan for child health	National policy/ guideline on the management of childhood pneumonia for children aged 2–59 months	National policy/ guideline on the management of childhood pneumonia for children aged 5–9 years	National policy/ guideline on the management of childhood diarrhoea	National policy/ guideline on the management of malaria with recommendations for children
Lebanon	NO	YES	NO	YES, FOR 0-9 YEARS	NO
Lesotho	YES	YES	NO	YES, FOR 0-9 YEARS	NOT APPLICABLE (I.E. NOT MALARIA ENDEMIC COUNTRY)
Liberia	YES	YES	YES	YES, FOR 0-4 YEARS	YES, FOR 0-9 YEARS
Madagascar	YES	YES	YES	YES, FOR 0-4 YEARS	YES, FOR 0-4 YEARS
Malawi	YES	YES	YES	YES, FOR 0-9 YEARS	YES, FOR 0-9 YEARS
Malaysia	YES	YES	YES	YES, FOR 0-4 YEARS	YES, FOR 0-9 YEARS
Maldives	YES	YES	YES	YES, FOR 0-4 YEARS	NOT APPLICABLE (I.E. NOT MALARIA ENDEMIC COUNTRY)
Mali	YES	YES	NO	YES, FOR 0-4 YEARS	YES, FOR 0-9 YEARS
Mauritania	YES	YES	YES	YES, FOR 0-9 YEARS	YES, FOR 0-9 YEARS
Mauritius	YES	NO	NO	NO	NOT APPLICABLE (I.E. NOT MALARIA ENDEMIC COUNTRY)
Mexico	YES	YES	YES	YES, FOR 0-9 YEARS	YES, FOR 0-9 YEARS
Mongolia	YES	YES	YES	YES, FOR 0-4 YEARS	NO
Morocco	YES	YES	NO	YES, FOR 0-4 YEARS	NOT APPLICABLE (I.E. NOT MALARIA ENDEMIC COUNTRY)
Mozambique	NO	YES	YES	YES, FOR 0-9 YEARS	YES, FOR 0-9 YEARS
Myanmar	YES	YES	YES	YES, FOR 0-4 YEARS	YES, FOR 0-9 YEARS
Namibia	YES	YES	YES	YES, FOR 0-4 YEARS	YES, FOR 0-9 YEARS
Nepal	NO	YES	YES	YES, FOR 0-9 YEARS	YES, FOR 0-9 YEARS
Nicaragua	YES	YES	YES	YES, FOR 0-9 YEARS	YES, FOR 0-9 YEARS
Niger	YES	YES	NO	YES, FOR 0-4 YEARS	YES, FOR 0-9 YEARS
Nigeria	YES	YES	YES	YES, FOR 0-4 YEARS	YES, FOR 0-4 YEARS
North Macedonia	UNKNOWN	YES	UNKNOWN	UNKNOWN	NOT APPLICABLE (I.E. NOT MALARIA ENDEMIC COUNTRY)
Oman	YES	YES	UNKNOWN	YES, FOR 0-4 YEARS	YES, FOR 0-9 YEARS
Pakistan	YES	YES	NO	YES, FOR 0-4 YEARS	YES, FOR 0-4 YEARS
Panama	YES	YES	YES	YES, FOR 0-9 YEARS	YES, FOR 0-9 YEARS
Papua New Guinea	YES	YES	YES	YES, FOR 0-9 YEARS	YES, FOR 0-9 YEARS
Paraguay	YES	YES	YES	YES, FOR 0-4 YEARS	NOT APPLICABLE (I.E. NOT MALARIA ENDEMIC COUNTRY)
Peru	YES	YES	YES	YES, FOR 5-9 YEARS	NO
Philippines	NO	YES	YES	YES, FOR 0-9 YEARS	YES, FOR 0-9 YEARS
Republic of Moldova	YES	YES	YES	YES, FOR 0-9 YEARS	NOT APPLICABLE (I.E. NOT MALARIA ENDEMIC COUNTRY)
Rwanda	YES	YES	YES	YES, FOR 0-4 YEARS	YES, FOR 0-4 YEARS

Table A2.4 (continued). Existence of selected policies/guidelines/laws on child health by country, as reported in the 2023 WHO SRMNCAH policy survey

Country	National clinical standards for the management of children with severe illness in hospitals	National policy/ guideline on early childhood development	National coordination mechanism for early childhood development	National policy/ guideline on IMCI	National policy/ guideline on iCCM	National policy / guideline for management of childhood illness by trained CHWs
Lebanon	NO	YES	YES	YES	NO	NO
Lesotho	YES	YES	YES	YES	YES	YES
Liberia	YES	YES	YES	YES	YES	YES
Madagascar	NO	NO	YES	YES	YES	YES
Malawi	YES	YES	YES	YES	YES	YES
Malaysia	YES	YES	YES	YES	NO	YES
Maldives	NO	YES	YES	YES	NO	NO
Mali	YES	YES	YES	YES	YES	YES
Mauritania	YES	YES	YES	YES	YES	YES
Mauritius	YES	YES	YES	NO	NO	NO
Mexico	UNKNOWN	YES	YES	YES	UNKNOWN	YES
Mongolia	YES	YES	UNKNOWN	YES	NO	YES
Morocco	YES	YES	YES	YES	YES	NO
Mozambique	YES	YES	YES	YES	YES	YES
Myanmar	YES	YES	YES	YES	YES	YES
Namibia	YES	YES	YES	YES	NO	YES
Nepal	YES	YES	YES	YES	YES	YES
Nicaragua	YES	YES	YES	YES	YES	YES
Niger	YES	YES	NO	YES	YES	YES
Nigeria	YES	YES	UNKNOWN	YES	YES	YES
North Macedonia	YES	NO	YES	YES	NO	NO
Oman	NO	YES	YES	YES	YES	NO
Pakistan	NO	NO	YES	YES	YES	YES
Panama	YES	YES	YES	YES	YES	YES
Papua New Guinea	YES	YES	YES	YES	UNKNOWN	YES
Paraguay	YES	YES	YES	YES	YES	YES
Peru	NO	YES	YES	YES	NO	NO
Philippines	UNKNOWN	YES	YES	YES	YES	YES
Republic of Moldova	YES	YES	YES	YES	NO	NO
Rwanda	YES	YES	YES	YES	YES	YES

Table A2.4 (continued). Existence of selected policies/guidelines/laws on child health by country, as reported in the 2023 WHO SRMNCAH policy survey

Country	Strategic plan for child health	National policy/ guideline on the management of childhood pneumonia for children aged 2–59 months	National policy/ guideline on the management of childhood pneumonia for children aged 5–9 years	National policy/ guideline on the management of childhood diarrhoea	National policy/ guideline on the management of malaria with recommendations for children
Saint Lucia	NO	NO	NO	YES, FOR 0-4 YEARS	NOT APPLICABLE (I.E. NOT MALARIA ENDEMIC COUNTRY)
Sao Tome and Principe	YES	YES	YES	YES, FOR 0-4 YEARS	YES, FOR 0-4 YEARS
Senegal	YES	YES	YES	YES, FOR 0-4 YEARS	YES, FOR 0-9 YEARS
Seychelles	NO	NO	NO	YES, FOR 0-4 YEARS	NOT APPLICABLE (I.E. NOT MALARIA ENDEMIC COUNTRY)
Sierra Leone	NO	YES	YES	YES, FOR 0-9 YEARS	YES, FOR 0-9 YEARS
Singapore	YES	NO	NO	NO	NOT APPLICABLE (I.E. NOT MALARIA ENDEMIC COUNTRY)
Solomon Islands	NO	NO	NO	NO	YES, FOR 0-4 YEARS
Somalia	YES	YES	YES	YES, FOR 0-9 YEARS	YES, FOR 0-9 YEARS
South Africa	NO	YES	YES	YES, FOR 0-9 YEARS	YES, FOR 0-9 YEARS
South Sudan	YES	YES	YES	YES, FOR 0-4 YEARS	YES, FOR 0-4 YEARS
Sri Lanka	YES	YES	YES	YES, FOR 0-9 YEARS	NOT APPLICABLE (I.E. NOT MALARIA ENDEMIC COUNTRY)
Sudan	NO	YES	YES	YES, FOR 0-9 YEARS	YES, FOR 0-9 YEARS
Suriname	NO	NO	NO	NO	YES, FOR 0-9 YEARS
Syrian Arab Republic	YES	YES	NO	YES, FOR 0-4 YEARS	NOT APPLICABLE (I.E. NOT MALARIA ENDEMIC COUNTRY)
Tajikistan	YES	YES	YES	YES, FOR 0-4 YEARS	NOT APPLICABLE (I.E. NOT MALARIA ENDEMIC COUNTRY)
Thailand	YES	YES	YES	YES, FOR 0-9 YEARS	YES, FOR 0-9 YEARS
Timor-Leste	YES	YES	NO	YES, FOR 0-4 YEARS	YES, FOR 0-9 YEARS
Togo	YES	YES	YES	YES, FOR 0-9 YEARS	YES, FOR 0-9 YEARS
Uganda	YES	YES	YES	YES, FOR 0-9 YEARS	YES, FOR 0-9 YEARS
United Arab Emirates	YES	YES	YES	YES, FOR 0-9 YEARS	NOT APPLICABLE (I.E. NOT MALARIA ENDEMIC COUNTRY)
United Republic of Tanzania	YES	YES	YES	YES, FOR 0-4 YEARS	YES, FOR 0-4 YEARS
Uruguay	NO	YES	NO	YES, FOR 0-9 YEARS	NOT APPLICABLE (I.E. NOT MALARIA ENDEMIC COUNTRY)
Uzbekistan	YES	YES	NO	YES, FOR 0-4 YEARS	NOT APPLICABLE (I.E. NOT MALARIA ENDEMIC COUNTRY)
Vanuatu	YES	YES	YES	YES, FOR 0-4 YEARS	YES, FOR 0-9 YEARS
Viet Nam	YES	YES	YES	YES, FOR 0-9 YEARS	YES, FOR 0-9 YEARS
Yemen	YES	YES	YES	YES, FOR 0-4 YEARS	YES, FOR 5-9 YEARS
Zambia	NO	YES	YES	YES, FOR 0-9 YEARS	YES, FOR 0-9 YEARS
Zimbabwe	YES	YES	YES	YES, FOR 0-9 YEARS	YES, FOR 0-9 YEARS

Table A2.4 (continued). Existence of selected policies/guidelines/laws on child health by country, as reported in the 2023 WHO SRMNCAH policy survey

Country	National clinical standards for the management of children with severe illness in hospitals	National policy/ guideline on early childhood development	National coordination mechanism for early childhood development	National policy/ guideline on IMCI	National policy/ guideline on iCCM	National policy / guideline for management of childhood illness by trained CHWs
Saint Lucia	NO	YES	YES	YES	YES	YES
Sao Tome and Principe	YES	YES	NO	YES	NO	NO
Senegal	YES	YES	YES	YES	YES	YES
Seychelles	UNKNOWN	YES	YES	NO	NO	NO
Sierra Leone	YES	YES	YES	YES	YES	YES
Singapore	NO	YES	YES	NO	YES	NO
Solomon Islands	NO	NO	NO	NO	NO	NO
Somalia	YES	NO	NO	YES	YES	YES
South Africa	YES	YES	YES	YES	NO	YES
South Sudan	YES	UNKNOWN	UNKNOWN	YES	YES	YES
Sri Lanka	YES	YES	YES	YES	NO	NO
Sudan	YES	YES	YES	YES	YES	YES
Suriname	NO	YES	YES	NO	NO	UNKNOWN
Syrian Arab Republic	YES	YES	YES	YES	YES	YES
Tajikistan	YES	YES	YES	YES	NO	NO
Thailand	YES	YES	YES	UNKNOWN	UNKNOWN	UNKNOWN
Timor-Leste	NO	NO	NO	YES	YES	YES
Togo	UNKNOWN	UNKNOWN	NO	YES	YES	YES
Uganda	YES	YES	YES	YES	YES	YES
United Arab Emirates	YES	YES	YES	YES	YES	NO
United Republic of Tanzania	YES	YES	YES	YES	NO	YES
Uruguay	YES	YES	YES	YES	NO	NO
Uzbekistan	YES	NO	NO	YES	YES	YES
Vanuatu	YES	YES	YES	YES	NO	NO
Viet Nam	YES	YES	YES	YES	UNKNOWN	YES
Yemen	NO	UNKNOWN	UNKNOWN	YES	YES	YES
Zambia	YES	YES	YES	YES	YES	YES
Zimbabwe	NO	YES	YES	YES	UNKNOWN	YES

CHW: community health worker; iCCM: integrated community case management; IMCI: integrated management of childhood illness

Table A2.5. Existence of selected policies/guidelines/laws on adolescent health by country, as reported in the 2023 WHO SRMNCAH policy survey

Country	Strategic plan for adolescent health/well-being	National standards for delivery of health services to adolescents	National standards for health- promoting schools	At least one designated full-time person for the national adolescent health/well-being programme
Afghanistan	NO	YES	YES	YES
Albania	NO	YES	YES	YES
Angola	YES	YES	YES	YES
Antigua and Barbuda	YES	YES	UNKNOWN	UNKNOWN
Argentina	YES	YES	YES	YES
Australia	YES	YES	YES	NO
Bahamas	YES	YES	YES	YES
Bangladesh	YES	YES	YES	YES
Belarus	YES	YES	UNKNOWN	YES
Belize	YES	YES	YES	NO
Benin	YES	YES	YES	YES
Bhutan	YES	YES	NO	YES
Bolivia (Plurinational State of)	NO	YES	NO	YES
Botswana	YES	YES	YES	YES
Brazil	YES	YES	YES	YES
Brunei Darussalam	YES	NO	NO	YES
Burkina Faso	YES	YES	YES	YES
Burundi	YES	YES	YES	YES
Cabo Verde	YES	NO	YES	YES
Cambodia	YES	YES	YES	NO
Cameroon	YES	YES	UNKNOWN	NO
Central African Republic	YES	YES	YES	YES
Chad	YES	YES	YES	YES
Chile	YES	YES	UNKNOWN	YES
China	YES	YES	NO	YES
Colombia	YES	YES	NO	YES
Comoros	YES	NO	NO	YES
Congo	NO	NO	NO	YES
Cook Islands	NO	UNKNOWN	UNKNOWN	NO
Costa Rica	YES	YES	YES	YES
Côte d'Ivoire	YES	YES	YES	YES

Table A2.5 (continued). Existence of selected policies/guidelines/laws on adolescent health by country, as reported in the 2023 WHO SRMNCAH policy survey

Country	Regular government budget allocation to support the national adolescent health/ well-being programme	Continuous professional education system for primary health workers to receive adolescent-specific training	Laws/policies to provide graduated licensing for novice drivers	Laws/policies to regulate the marketing of alcohol to minors	Laws/policies to designate an appropriate minimum age of a customer for the sale of alcoholic beverages
Afghanistan	NO	NO	YES	NO	NO
Albania	YES	YES	YES	YES	YES
Angola	YES	YES	UNKNOWN	UNKNOWN	UNKNOWN
Antigua and Barbuda	UNKNOWN	NO	NO	NO	YES
Argentina	YES	YES	YES	YES	YES
Australia	NO	NO	YES	YES	YES
Bahamas	YES	YES	YES	YES	YES
Bangladesh	YES	YES	YES	YES	YES
Belarus	YES	YES	YES	YES	YES
Belize	YES	YES	YES	YES	YES
Benin	YES	YES	NO	YES	UNKNOWN
Bhutan	YES	YES	NO	YES	YES
Bolivia (Plurinational State of)	YES	YES	NO	YES	NO
Botswana	YES	YES	YES	YES	YES
Brazil	YES	YES	NO	YES	YES
Brunei Darussalam	YES	NO	NO	NO	NO
Burkina Faso	NO	NO	NO	YES	UNKNOWN
Burundi	YES	NO	YES	NO	NO
Cabo Verde	NO	YES	YES	YES	YES
Cambodia	NO	YES	UNKNOWN	YES	YES
Cameroon	NO	YES	NO	NO	NO
Central African Republic	NO	NO	UNKNOWN	UNKNOWN	UNKNOWN
Chad	NO	YES	YES	NO	NO
Chile	YES	YES	NO	YES	YES
China	YES	YES	YES	YES	YES
Colombia	NO	NO	UNKNOWN	YES	YES
Comoros	NO	YES	NO	NO	NO
Congo	NO	NO	YES	YES	YES
Cook Islands	NO	YES	UNKNOWN	YES	YES
Costa Rica	NO	YES	UNKNOWN	YES	YES
Côte d'Ivoire	YES	YES	NO	YES	YES

Table A2.5 (continued). Existence of selected policies/guidelines/laws on adolescent health by country, as reported in the 2023 WHO SRMNCAH policy survey

Country	Strategic plan for adolescent health/well-being	National standards for delivery of health services to adolescents	National standards for health- promoting schools	At least one designated full-time person for the national adolescent health/well-being programme
Cuba	YES	YES	YES	YES
Democratic People's Republic of Korea	YES	YES	YES	YES
Democratic Republic of the Congo	YES	YES	YES	YES
Djibouti	NO	NO	YES	NO
Dominica	YES	NO	NO	NO
Ecuador	YES	YES	NO	YES
Egypt	YES	YES	YES	YES
El Salvador	YES	YES	NO	YES
Equatorial Guinea	NO	NO	NO	NO
Eswatini	YES	YES	YES	YES
Ethiopia	YES	YES	YES	YES
Gabon	YES	YES	YES	YES
Ghana	YES	YES	YES	YES
Grenada	YES	NO	YES	NO
Guatemala	NO	YES	YES	YES
Guinea	YES	YES	YES	YES
Guinea-Bissau	YES	NO	NO	YES
Guyana	NO	YES	YES	YES
Haiti	YES	NO	YES	YES
Honduras	YES	YES	NO	YES
India	YES	YES	YES	YES
Indonesia	NO	YES	YES	YES
Iraq	NO	YES	YES	YES
Jordan	YES	YES	YES	NO
Kenya	YES	YES	YES	YES
Lao People's Democratic Republic	YES	YES	YES	YES
Lebanon	NO	YES	YES	NO
Lesotho	YES	YES	UNKNOWN	YES
Liberia	YES	YES	YES	YES
Madagascar	YES	YES	UNKNOWN	YES

Table A2.5 (continued). Existence of selected policies/guidelines/laws on adolescent health by country, as reported in the 2023 WHO SRMNCAH policy survey

Country	Regular government budget allocation to support the national adolescent health/ well-being programme	Continuous professional education system for primary health workers to receive adolescent-specific training	Laws/policies to provide graduated licensing for novice drivers	Laws/policies to regulate the marketing of alcohol to minors	Laws/policies to designate an appropriate minimum age of a customer for the sale of alcoholic beverages
Cuba	YES	YES	YES	YES	YES
Democratic People's Republic of Korea	YES	YES	YES	YES	YES
Democratic Republic of the Congo	YES	YES	NO	YES	YES
Djibouti	NO	NO	UNKNOWN	YES	YES
Dominica	NO	NO	NO	YES	YES
Ecuador	YES	NO	UNKNOWN	YES	YES
Egypt	YES	YES	YES	YES	UNKNOWN
El Salvador	NO	YES	YES	YES	YES
Equatorial Guinea	NO	NO	UNKNOWN	UNKNOWN	UNKNOWN
Eswatini	NO	YES	YES	YES	YES
Ethiopia	YES	YES	YES	YES	YES
Gabon	NO	YES	YES	UNKNOWN	UNKNOWN
Ghana	NO	YES	YES	YES	YES
Grenada	NO	NO	NO	YES	YES
Guatemala	NO	NO	UNKNOWN	YES	YES
Guinea	NO	YES	NO	YES	YES
Guinea-Bissau	NO	NO	YES	NO	NO
Guyana	YES	YES	YES	YES	YES
Haiti	NO	YES	YES	NO	NO
Honduras	NO	NO	NO	YES	YES
India	YES	YES	YES	YES	YES
Indonesia	YES	YES	YES	YES	YES
Iraq	YES	YES	YES	YES	YES
Jordan	NO	NO	NO	YES	YES
Kenya	NO	YES	NO	YES	YES
Lao People's Democratic Republic	UNKNOWN	YES	UNKNOWN	YES	YES
Lebanon	NO	NO	NO	YES	YES
Lesotho	NO	YES	YES	YES	YES
Liberia	NO	YES	YES	YES	YES
Madagascar	YES	YES	UNKNOWN	YES	YES

Table A2.5 (continued). Existence of selected policies/guidelines/laws on adolescent health by country, as reported in the 2023 WHO SRMNCAH policy survey

Country	Strategic plan for adolescent health/well-being	National standards for delivery of health services to adolescents	National standards for health- promoting schools	At least one designated full-time person for the national adolescent health/well-being programme
Malawi	YES	YES	YES	YES
Malaysia	YES	YES	YES	YES
Maldives	YES	YES	YES	YES
Mali	YES	YES	YES	YES
Mauritania	YES	YES	UNKNOWN	NO
Mauritius	NO	NO	YES	YES
Mexico	YES	YES	NO	YES
Mongolia	YES	YES	YES	YES
Morocco	YES	YES	YES	YES
Mozambique	YES	YES	YES	YES
Myanmar	YES	YES	YES	YES
Namibia	YES	YES	YES	YES
Nepal	YES	YES	YES	YES
Nicaragua	YES	YES	YES	YES
Niger	YES	YES	YES	YES
Nigeria	YES	YES	YES	YES
North Macedonia	YES	NO	NO	UNKNOWN
Oman	YES	YES	YES	YES
Pakistan	YES	NO	NO	NO
Panama	YES	YES	YES	YES
Papua New Guinea	NO	NO	UNKNOWN	YES
Paraguay	YES	YES	YES	YES
Peru	NO	YES	YES	YES
Philippines	NO	YES	YES	YES
Republic of Moldova	YES	YES	NO	NO
Rwanda	YES	YES	YES	YES
Saint Lucia	NO	YES	YES	YES
Sao Tome and Principe	YES	YES	NO	YES
Senegal	YES	YES	YES	YES
Seychelles	NO	UNKNOWN	YES	YES
Sierra Leone	NO	YES	YES	YES

Table A2.5 (continued). Existence of selected policies/guidelines/laws on adolescent health by country, as reported in the 2023 WHO SRMNCAH policy survey

Country	Regular government budget allocation to support the national adolescent health/well-being programme	Continuous professional education system for primary health workers to receive adolescent-specific training	Laws/policies to provide graduated licensing for novice drivers	Laws/policies to regulate the marketing of alcohol to minors	Laws/policies to designate an appropriate minimum age of a customer for the sale of alcoholic beverages
Malawi	NO	YES	NO	YES	YES
Malaysia	YES	YES	YES	YES	YES
Maldives	YES	YES	NO	NO	NO
Mali	NO	YES	UNKNOWN	NO	NO
Mauritania	NO	NO	NO	NO	NO
Mauritius	YES	YES	NO	YES	YES
Mexico	YES	NO	UNKNOWN	YES	YES
Mongolia	YES	NO	YES	YES	YES
Morocco	YES	YES	NO	NO	NO
Mozambique	YES	YES	NO	YES	YES
Myanmar	YES	YES	YES	YES	YES
Namibia	YES	YES	YES	YES	YES
Nepal	YES	YES	YES	YES	YES
Nicaragua	YES	YES	YES	YES	YES
Niger	NO	YES	NO	YES	YES
Nigeria	YES	YES	UNKNOWN	YES	UNKNOWN
North Macedonia	NO	UNKNOWN	YES	YES	YES
Oman	YES	YES	YES	YES	YES
Pakistan	NO	NO	YES	YES	YES
Panama	NO	NO	YES	YES	YES
Papua New Guinea	YES	NO	UNKNOWN	YES	YES
Paraguay	YES	YES	NO	YES	YES
Peru	YES	YES	YES	YES	YES
Philippines	YES	YES	NO	YES	YES
Republic of Moldova	YES	YES	YES	YES	YES
Rwanda	YES	YES	YES	YES	YES
Saint Lucia	YES	YES	YES	YES	YES
Sao Tome and Principe	NO	NO	YES	YES	YES
Senegal	NO	YES	NO	YES	YES
Seychelles	YES	NO	YES	YES	YES
Sierra Leone	NO	YES	NO	NO	NO

Table A2.5 (continued). Existence of selected policies/guidelines/laws on adolescent health by country, as reported in the 2023 WHO SRMNCAH policy survey

Country	Strategic plan for adolescent health/well-being	National standards for delivery of health services to adolescents	National standards for health- promoting schools	At least one designated full-time person for the national adolescent health/well-being programme
Singapore	YES	NO	YES	YES
Solomon Islands	NO	YES	YES	YES
Somalia	YES	YES	YES	YES
South Africa	YES	YES	YES	YES
South Sudan	YES	NO	NO	YES
Sri Lanka	YES	YES	YES	YES
Sudan	YES	NO	YES	YES
Suriname	YES	NO	NO	YES
Syrian Arab Republic	YES	NO	YES	YES
Tajikistan	NO	NO	NO	NO
Thailand	NO	YES	YES	YES
Timor-Leste	YES	NO	NO	YES
Togo	YES	YES	YES	YES
Uganda	YES	YES	YES	YES
United Arab Emirates	YES	YES	YES	YES
United Republic of Tanzania	YES	YES	YES	YES
Uruguay	YES	YES	UNKNOWN	YES
Uzbekistan	YES	YES	YES	YES
Vanuatu	YES	YES	YES	YES
Viet Nam	YES	YES	YES	YES
Yemen	NO	NO	YES	YES
Zambia	YES	YES	YES	YES
Zimbabwe	NO	YES	YES	YES

Table A2.5 (continued). Existence of selected policies/guidelines/laws on adolescent health by country, as reported in the 2023 WHO SRMNCAH policy survey

Country	Regular government budget allocation to support the national adolescent health/well-being programme	Continuous professional education system for primary health workers to receive adolescent-specific training	Laws/policies to provide graduated licensing for novice drivers	Laws/policies to regulate the marketing of alcohol to minors	Laws/policies to designate an appropriate minimum age of a customer for the sale of alcoholic beverages
Singapore	YES	YES	YES	YES	YES
Solomon Islands	YES	NO	NO	NO	NO
Somalia	NO	NO	YES	YES	YES
South Africa	YES	YES	NO	YES	YES
South Sudan	YES	NO	UNKNOWN	UNKNOWN	YES
Sri Lanka	YES	YES	NO	YES	YES
Sudan	YES	NO	YES	NO	NO
Suriname	NO	NO	NO	NO	YES
Syrian Arab Republic	NO	YES	YES	UNKNOWN	YES
Tajikistan	NO	NO	UNKNOWN	YES	YES
Thailand	YES	NO	NO	YES	YES
Timor-Leste	YES	YES	YES	NO	NO
Togo	NO	YES	NO	YES	YES
Uganda	YES	YES	UNKNOWN	YES	YES
United Arab Emirates	UNKNOWN	NO	NO	YES	YES
United Republic of Tanzania	YES	YES	YES	YES	YES
Uruguay	NO	YES	NO	YES	YES
Uzbekistan	NO	YES	UNKNOWN	YES	YES
Vanuatu	YES	YES	YES	YES	YES
Viet Nam	YES	YES	UNKNOWN	YES	YES
Yemen	NO	NO	NO	NO	NO
Zambia	YES	YES	YES	YES	YES
Zimbabwe	YES	YES	UNKNOWN	NO	NO

Table A2.6. Existence of selected policies/guidelines/laws on sexual and reproductive health by country, as reported in the 2023 WHO SRMNCAH policy survey

Country	Strategic plan for sexual and reproductive health	National policies/guidelines on sexual and reproductive health care	National policies/guidelines that delineate competencies for health providers in provision of sexual and reproductive health care	National policy/guideline on family planning/ contraception	National clinical practice guidelines on family planning/ contraception	National policies /guidelines on STI diagnosis, treatment and counselling
Afghanistan	NO	YES	NO	YES	YES	YES
Albania	YES	YES	YES	YES	YES	YES
Angola	UNKNOWN	YES	YES	YES	YES	YES
Antigua and Barbuda	NO	UNKNOWN	NO	NO	YES	UNKNOWN
Argentina	YES	YES	YES	YES	YES	YES
Australia	NO	YES	YES	NO	NO	YES
Bahamas	YES	YES	YES	YES	YES	YES
Bangladesh	YES	YES	YES	YES	YES	YES
Belarus	YES	YES	YES	YES	YES	YES
Belize	YES	YES	YES	YES	YES	YES
Benin	YES	YES	YES	YES	YES	YES
Bhutan	YES	YES	YES	YES	YES	YES
Bolivia (Plurinational State of)	YES	YES	YES	YES	YES	YES
Botswana	YES	YES	YES	YES	YES	YES
Brazil	YES	YES	YES	YES	YES	YES
Brunei Darussalam	NO	YES	NO	NO	YES	YES
Burkina Faso	YES	YES	YES	YES	YES	YES
Burundi	YES	YES	YES	YES	YES	YES
Cabo Verde	YES	YES	YES	YES	YES	YES
Cambodia	YES	YES	YES	YES	YES	YES
Cameroon	YES	YES	YES	YES	YES	YES
Central African Republic	NO	YES	YES	NO	YES	YES
Chad	YES	YES	YES	YES	YES	YES
Chile	YES	YES	YES	YES	YES	YES
China	YES	YES	YES	YES	YES	YES
Colombia	YES	YES	YES	YES	YES	YES
Comoros	YES	YES	NO	YES	YES	YES
Congo	YES	YES	YES	YES	YES	YES
Cook Islands	YES	YES	YES	YES	UNKNOWN	YES
Costa Rica	NO	YES	YES	YES	YES	YES
Côte d'Ivoire	YES	YES	YES	YES	YES	YES

Table A2.6 (continued). Existence of selected policies/guidelines/laws on sexual and reproductive health by country, as reported in the 2023 WHO SRMNCAH policy survey

Country	National policy/guideline that addresses screening for syphilis during ANC	National policy/guideline for STIs includes a recommendation on integrating HIV and STI testing	National cervical cancer prevention and control policy/guideline	Laws/policies/guidelines on infertility management	National policies/laws/guidelines on sexual health services	National policy/guideline on self-care interventions for sexual and reproductive health
Afghanistan	UNKNOWN	YES	NO	NO	NO	YES
Albania	YES	YES	YES	YES	YES	YES
Angola	YES	YES	NO	NO	YES	YES
Antigua and Barbuda	NA	NA	NO	NO	NO	NO
Argentina	YES	YES	YES	YES	YES	NO
Australia	YES	YES	YES	YES	YES	YES
Bahamas	YES	YES	YES	UNKNOWN	YES	YES
Bangladesh	YES	YES	YES	YES	YES	YES
Belarus	YES	YES	YES	YES	YES	YES
Belize	YES	YES	YES	NO	YES	NO
Benin	YES	YES	YES	YES	YES	YES
Bhutan	YES	YES	YES	YES	YES	NO
Bolivia (Plurinational State of)	YES	YES	YES	NO	YES	NO
Botswana	YES	YES	YES	NO	YES	NO
Brazil	YES	YES	YES	NO	YES	NO
Brunei Darussalam	YES	YES	YES	YES	YES	NO
Burkina Faso	YES	YES	YES	YES	YES	YES
Burundi	YES	YES	YES	NO	NO	NO
Cabo Verde	YES	YES	YES	NO	YES	NO
Cambodia	YES	YES	YES	NO	UNKNOWN	NO
Cameroon	YES	YES	YES	YES	NO	YES
Central African Republic	YES	YES	NO	NO	YES	YES
Chad	YES	YES	YES	YES	YES	NO
Chile	YES	YES	YES	YES	YES	YES
China	YES	YES	YES	YES	YES	YES
Colombia	YES	YES	YES	YES	YES	NO
Comoros	YES	YES	NO	NO	NO	NO
Congo	YES	YES	YES	YES	YES	YES
Cook Islands	YES	YES	YES	NO	YES	UNKNOWN
Costa Rica	YES	YES	YES	YES	YES	YES
Côte d'Ivoire	YES	YES	YES	NO	YES	NO

Table A2.6 (continued). Existence of selected policies/guidelines/laws on sexual and reproductive health by country, as reported in the 2023 WHO SRMNCAH policy survey

Country	Strategic plan for sexual and reproductive health	National policies/guidelines on sexual and reproductive health care	National policies/guidelines that delineate competencies for health providers in provision of sexual and reproductive health care	National policy/guideline on family planning/ contraception	National clinical practice guidelines on family planning/ contraception	National policies /guidelines on STI diagnosis, treatment and counselling
Cuba	YES	YES	YES	YES	YES	YES
Democratic People's Republic of Korea	YES	YES	YES	YES	YES	YES
Democratic Republic of the Congo	YES	YES	YES	YES	YES	YES
Djibouti	YES	YES	YES	YES	YES	YES
Dominica	NO	NO	YES	YES	YES	YES
Ecuador	YES	YES	YES	YES	YES	YES
Egypt	YES	YES	YES	YES	YES	NO
El Salvador	YES	YES	YES	YES	YES	YES
Equatorial Guinea	YES	YES	YES	YES	YES	YES
Eswatini	YES	YES	YES	YES	YES	YES
Ethiopia	YES	YES	YES	YES	YES	YES
Gabon	YES	YES	YES	YES	YES	YES
Ghana	YES	YES	YES	YES	YES	YES
Grenada	YES	YES	NO	YES	YES	UNKNOWN
Guatemala	UNKNOWN	YES	YES	YES	YES	YES
Guinea	YES	YES	YES	YES	YES	YES
Guinea-Bissau	YES	YES	YES	YES	YES	YES
Guyana	NO	YES	YES	YES	YES	YES
Haiti	YES	YES	YES	YES	YES	YES
Honduras	NO	YES	YES	YES	YES	YES
India	YES	YES	YES	YES	YES	YES
Indonesia	YES	YES	YES	YES	YES	YES
Iraq	NO	YES	YES	YES	YES	YES
Jordan	YES	YES	YES	YES	YES	YES
Kenya	NO	YES	YES	YES	YES	YES
Lao People's Democratic Republic	YES	YES	NO	YES	YES	YES
Lebanon	NO	YES	YES	YES	YES	YES
Lesotho	YES	YES	YES	YES	YES	YES
Liberia	YES	YES	YES	YES	YES	YES
Madagascar	YES	YES	YES	YES	YES	YES
Malawi	YES	YES	YES	YES	YES	YES

Table A2.6 (continued). Existence of selected policies/guidelines/laws on sexual and reproductive health by country, as reported in the 2023 WHO SRMNCAH policy survey

Country	National policy/guideline that addresses screening for syphilis during ANC	National policy/guideline for STIs includes a recommendation on integrating HIV and STI testing	National cervical cancer prevention and control policy/guideline	Laws/policies/guidelines on infertility management	National policies/laws/ guidelines on sexual health services	National policy/guideline on self-care interventions for sexual and reproductive health
Cuba	YES	YES	YES	YES	YES	NO
Democratic People's Republic of Korea	YES	YES	YES	YES	NO	YES
Democratic Republic of the Congo	YES	YES	YES	YES	YES	YES
Djibouti	YES	YES	YES	YES	YES	NO
Dominica	YES	YES	YES	UNKNOWN	YES	NO
Ecuador	YES	YES	YES	YES	YES	NO
Egypt	NA	NA	UNKNOWN	NO	YES	NO
El Salvador	YES	YES	YES	NO	YES	NO
Equatorial Guinea	YES	YES	YES	YES	YES	NO
Eswatini	YES	YES	YES	YES	YES	NO
Ethiopia	YES	YES	YES	YES	YES	YES
Gabon	YES	YES	NO	NO	YES	NO
Ghana	YES	YES	YES	YES	YES	YES
Grenada	NA	NA	NO	NO	YES	NO
Guatemala	YES	YES	YES	YES	YES	UNKNOWN
Guinea	YES	YES	YES	YES	YES	NO
Guinea-Bissau	YES	YES	NO	NO	YES	YES
Guyana	YES	YES	NO	NO	YES	NO
Haiti	YES	YES	YES	NO	YES	NO
Honduras	YES	YES	YES	NO	YES	NO
India	YES	YES	YES	UNKNOWN	YES	NO
Indonesia	YES	YES	YES	YES	YES	NO
Iraq	YES	YES	NO	NO	YES	NO
Jordan	NO	NO	NO	NO	NO	UNKNOWN
Kenya	YES	YES	YES	YES	YES	YES
Lao People's Democratic Republic	YES	NO	NO	NO	YES	NO
Lebanon	YES	YES	YES	YES	NO	NO
Lesotho	YES	NO	YES	NO	YES	YES
Liberia	YES	YES	YES	NO	YES	YES
Madagascar	YES	YES	YES	YES	NO	YES
Malawi	YES	YES	YES	YES	YES	YES

Table A2.6 (continued). Existence of selected policies/guidelines/laws on sexual and reproductive health by country, as reported in the 2023 WHO SRMNCAH policy survey

Country	Strategic plan for sexual and reproductive health	National policies/guidelines on sexual and reproductive health care	National policies/guidelines that delineate competencies for health providers in provision of sexual and reproductive health care	National policy/guideline on family planning/ contraception	National clinical practice guidelines on family planning/ contraception	National policies /guidelines on STI diagnosis, treatment and counselling
Malaysia	NO	YES	YES	YES	YES	YES
Maldives	YES	YES	NO	YES	YES	YES
Mali	YES	YES	YES	YES	YES	YES
Mauritania	YES	YES	YES	YES	YES	YES
Mauritius	YES	YES	NO	YES	YES	YES
Mexico	YES	YES	YES	YES	YES	YES
Mongolia	YES	YES	YES	YES	YES	YES
Morocco	YES	YES	YES	YES	YES	YES
Mozambique	YES	YES	YES	YES	YES	YES
Myanmar	YES	YES	YES	YES	YES	YES
Namibia	YES	YES	YES	YES	YES	YES
Nepal	YES	YES	YES	YES	YES	YES
Nicaragua	YES	YES	YES	YES	YES	YES
Niger	YES	YES	YES	YES	YES	YES
Nigeria	YES	YES	YES	YES	YES	YES
North Macedonia	NO	UNKNOWN	YES	YES	YES	UNKNOWN
Oman	YES	YES	YES	YES	YES	YES
Pakistan	YES	YES	YES	YES	YES	YES
Panama	YES	YES	YES	YES	YES	YES
Papua New Guinea	NO	YES	YES	YES	YES	YES
Paraguay	YES	YES	YES	YES	YES	YES
Peru	NO	NO	NO	YES	YES	YES
Philippines	YES	YES	NO	YES	YES	YES
Republic of Moldova	YES	YES	YES	YES	YES	YES
Rwanda	YES	YES	NO	YES	YES	YES
Saint Lucia	NO	YES	YES	YES	YES	YES
Sao Tome and Principe	YES	YES	NO	YES	YES	YES
Senegal	YES	YES	YES	YES	YES	YES
Seychelles	NO	UNKNOWN	YES	YES	YES	YES
Sierra Leone	YES	YES	YES	YES	YES	YES
Singapore	NO	NO	YES	NO	NO	YES

Table A2.6 (continued). Existence of selected policies/guidelines/laws on sexual and reproductive health by country, as reported in the 2023 WHO SRMNCAH policy survey

Country	National policy/guideline that addresses screening for syphilis during ANC	National policy/guideline for STIs includes a recommendation on integrating HIV and STI testing	National cervical cancer prevention and control policy/guideline	Laws/policies/guidelines on infertility management	National policies/laws/ guidelines on sexual health services	National policy/guideline on self-care interventions for sexual and reproductive health
Malaysia	YES	YES	YES	YES	NO	YES
Maldives	YES	YES	YES	YES	YES	YES
Mali	YES	YES	YES	YES	YES	NO
Mauritania	YES	YES	YES	YES	YES	NO
Mauritius	YES	YES	YES	NO	YES	NO
Mexico	YES	YES	YES	NO	YES	YES
Mongolia	YES	YES	YES	YES	YES	YES
Morocco	YES	YES	YES	YES	NO	YES
Mozambique	YES	YES	YES	NO	YES	NO
Myanmar	YES	YES	YES	NO	YES	NO
Namibia	YES	YES	YES	NO	YES	YES
Nepal	YES	YES	YES	NO	YES	YES
Nicaragua	YES	YES	YES	NO	YES	YES
Niger	YES	YES	YES	YES	YES	YES
Nigeria	YES	YES	YES	YES	UNKNOWN	YES
North Macedonia	NA	NA	YES	NO	NO	NO
Oman	YES	YES	NO	YES	NO	NO
Pakistan	YES	YES	NO	NO	NO	YES
Panama	YES	YES	YES	YES	YES	YES
Papua New Guinea	YES	YES	NO	YES	YES	NO
Paraguay	YES	YES	YES	NO	YES	NO
Peru	YES	YES	YES	NO	YES	YES
Philippines	YES	YES	YES	UNKNOWN	YES	YES
Republic of Moldova	YES	YES	YES	YES	YES	YES
Rwanda	YES	YES	YES	NO	NO	NO
Saint Lucia	YES	YES	YES	NO	YES	NO
Sao Tome and Principe	YES	YES	NO	NO	YES	UNKNOWN
Senegal	YES	YES	YES	YES	YES	NO
Seychelles	YES	YES	NO	UNKNOWN	NO	NO
Sierra Leone	YES	YES	NO	YES	YES	UNKNOWN
Singapore	YES	YES	YES	YES	UNKNOWN	UNKNOWN

Table A2.6 (continued). Existence of selected policies/guidelines/laws on sexual and reproductive health by country, as reported in the 2023 WHO SRMNCAH policy survey

Country	Strategic plan for sexual and reproductive health	National policies/guidelines on sexual and reproductive health care	National policies/guidelines that delineate competencies for health providers in provision of sexual and reproductive health care	National policy/guideline on family planning/ contraception	National clinical practice guidelines on family planning/ contraception	National policies /guidelines on STI diagnosis, treatment and counselling
Solomon Islands	NO	NO	NO	YES	NO	YES
Somalia	YES	YES	UNKNOWN	YES	YES	YES
South Africa	YES	YES	YES	YES	YES	YES
South Sudan	YES	YES	NO	YES	YES	YES
Sri Lanka	NO	YES	YES	YES	YES	YES
Sudan	YES	YES	YES	YES	NO	YES
Suriname	YES	YES	NO	NO	YES	UNKNOWN
Syrian Arab Republic	YES	YES	YES	YES	YES	YES
Tajikistan	YES	YES	YES	YES	YES	YES
Thailand	YES	YES	YES	YES	YES	YES
Timor-Leste	YES	YES	YES	YES	YES	YES
Togo	YES	YES	YES	YES	YES	YES
Uganda	YES	YES	YES	YES	YES	YES
United Arab Emirates	YES	YES	YES	YES	YES	YES
United Republic of Tanzania	YES	YES	YES	YES	YES	YES
Uruguay	NO	YES	YES	YES	YES	YES
Uzbekistan	YES	YES	NO	YES	YES	YES
Vanuatu	YES	YES	NO	YES	YES	YES
Viet Nam	YES	YES	YES	YES	YES	YES
Yemen	YES	YES	YES	YES	YES	YES
Zambia	NO	YES	UNKNOWN	YES	YES	YES
Zimbabwe	NO	YES	YES	YES	YES	YES

Table A2.6 (continued). Existence of selected policies/guidelines/laws on sexual and reproductive health by country, as reported in the 2023 WHO SRMNCAH policy survey

Country	National policy/guideline that addresses screening for syphilis during ANC	National policy/guideline for STIs includes a recommendation on integrating HIV and STI testing	National cervical cancer prevention and control policy/guideline	Laws/policies/guidelines on infertility management	National policies/laws/guidelines on sexual health services	National policy/guideline on self-care interventions for sexual and reproductive health
Solomon Islands	YES	YES	NO	NO	YES	NO
Somalia	YES	YES	NO	NO	NO	NO
South Africa	YES	YES	YES	YES	YES	NO
South Sudan	YES	YES	NO	NO	YES	NO
Sri Lanka	YES	YES	YES	YES	YES	YES
Sudan	NO	YES	YES	YES	NO	NO
Suriname	NA	NA	UNKNOWN	NO	NO	NO
Syrian Arab Republic	NO	YES	YES	NO	NO	UNKNOWN
Tajikistan	YES	YES	YES	NO	NO	NO
Thailand	YES	YES	YES	YES	YES	YES
Timor-Leste	YES	YES	YES	NO	YES	YES
Togo	YES	YES	YES	YES	YES	NO
Uganda	YES	YES	YES	YES	YES	YES
United Arab Emirates	YES	YES	YES	YES	YES	NO
United Republic of Tanzania	YES	YES	YES	YES	YES	YES
Uruguay	YES	YES	YES	YES	YES	YES
Uzbekistan	NO	YES	YES	YES	YES	YES
Vanuatu	YES	YES	YES	YES	YES	UNKNOWN
Viet Nam	YES	YES	YES	YES	YES	UNKNOWN
Yemen	UNKNOWN	YES	UNKNOWN	UNKNOWN	UNKNOWN	YES
Zambia	YES	YES	YES	YES	YES	NO
Zimbabwe	YES	YES	YES	NO	YES	NO

ANC: antenatal care; STI: sexually transmitted infection

Annex 3. Region tables

Table A3.1. Existence of selected SRMNCAH policies/guidelines, by WHO region and World Bank income group, as reported in 2023 WHO SRMNCAH policy survey

	Global (%)	AFR (%)	AMR (%)	EMR (%)	SEAR (%)	WPR (%)	LIC (%)	LMC (%)	UMC (%)	HIC (%)
National policies/ guidelines on antenatal care (n=115)	100	100	100	100	100	100	100	100	100	100
National policy/ guideline on assisted vaginal delivery (n=115)	84.3	88.6	80.8	85.7	90.9	64.3	95.8	82.6	81.3	75
National policies/guidelines on postnatal care for women and/or newborns (n=115)	98.3	97.7	96.2	100	100	100	95.8	100	96.9	100
National policy/guideline on management of low-birth-weight or preterm newborns[a] (n=115)	92.2	100	92.3	92.9	90.9	71.4	95.8	93.5	93.8	83.3
National policies/guidelines on the management of childhood pneumonia for children aged 2 – 59 months (n=115)	88.7	93.2	76.9	100	100	71.4	100	97.8	78.1	58.3
National policy/guideline on the management of childhood diarrhoea[b] (n=115)	91.3	97.7	84.6	100	100	71.4	100	97.8	84.4	75
National policy/guideline on early childhood development (n=115)	82.6	75	100	78.6	90.9	78.6	66.7	84.8	90.6	91.7
National policy/guideline on the IMCI (n=115)	87	90.9	76.9	100	90.9	71.4	100	95.7	75	66.7
Dedicated adolescent health/well-being strategic plan[c] (n=151)	76.8	86.4	80.8	64.3	81.8	71.4	87.5	78.7	69.8	77.8
National standards for delivery of health services to adolescents (n=115)	79.1	81.8	84.6	64.3	90.9	71.4	79.2	80.4	81.3	75
National standards for health-promoting schools (n=115)	72.2	77.3	57.7	92.9	81.8	71.4	87.5	71.7	65.6	66.7
National policy/guideline on family planning/ contraception[c] (n=152)	86.8	97.7	92.3	100	100	78.6	95.8	100	88.4	62.2
National policies /guidelines on STI diagnosis, treatment and counselling (n=115)	95.7	100	88.5	92.9	100	100	100	97.8	90.6	91.7
National policies/guidelines on cervical cancer prevention and control[c] (n=154)	81.8	79.5	84.6	42.9	100	78.6	70.8	80.9	86	84.6

LIC: low-income country, LMC: lower-middle-income country, UMC: upper-middle-income country, HIC: high-income country, IMCI: integrated management of childhood illness, STI = sexually transmitted infection.

[a] See country tables in Annex 2 for specific details on low-birth-weight or preterm newborns.

[b] For children aged 0-9 years, 0-4 years, or 5-9 years; see country tables in Annex 2 for details.

[c] Includes data from 2021 European action plan for sexual and reproductive health survey.

Indicates lowest proportion of Member States reporting existence of policy/guideline/law or highest proportion reporting absence of restrictive aspects of a policy/guideline/law. Indicates low proportion of Member States reporting existence of policy/guideline/law or high proportion reporting absence of restrictive aspects of a policy/guideline/law Indicates intermediate proportion of Member States reporting either existence of policy/ guideline/law or absence of restrictive aspects of a policy/guideline/law Indicates high proportion of Member States reporting existence of policy/ guideline/law or low proportion reporting absence of prohibitive aspects of a policy/guideline/law Indicates highest proportion of Member States reporting existence of policy/guideline or lowest proportion reporting the absence of restrictive aspects of a policy/guideline/law

Table A3.2 Stakeholders typically included in national SRMNCAH coordinating body, by WHO region, as reported in 2023 WHO SRMNCAH policy survey

	Yes	No	Unknown
AFR (n=38)			
Ministry of health	100%	–	–
H6 partnership organizations	100%	–	–
Donors	84%	13%	3%
Academia	87%	8%	5%
Professional associations	95%	5%	–
Civil society organizations	97%	3%	–
Private sector	71%	24%	5%
Adolescents/young people	89%	11%	–
AMR (n=21)			
Ministry of health	100%	–	–
H6 partnership organizations	76%	24%	–
Donors	43%	52%	5%
Academia	76%	19%	5%
Professional associations	67%	29%	5%
Civil society organizations	57%	38%	5%
Private sector	43%	52%	5%
Adolescents/young people	62%	38%	–
EMR (n=10)			
Ministry of health	100%	–	–
H6 partnership organizations	90%	10%	–
Donors	30%	60%	10%
Academia	80%	10%	10%
Professional associations	70%	20%	10%
Civil society organizations	70%	20%	10%
Private sector	50%	40%	10%
Adolescents/young people	30%	60%	10%

Table A3.2 (continued). Stakeholders typically included in national SRMNCAH coordinating body, by WHO region, as reported in 2023 WHO SRMNCAH policy survey

	Yes	No	Unknown
SEAR (n=11)			
Ministry of health	100%	–	–
H6 partnership organizations	91%	9%	–
Donors	73%	18%	9%
Academia	91%	9%	–
Professional associations	82%	18%	–
Civil society organizations	82%	9%	9%
Private sector	64%	27%	9%
Adolescents/young people	55%	45%	–
WPR (n=12)			
Ministry of health	100%		–
H6 partnership organizations	67%	33%	–
Donors	58%	42%	–
Academia	67%	25%	8%
Professional associations	75%	25%	–
Civil society organizations	58%	25%	17%
Private sector	42%	42%	17%
Adolescents/young people	42%	50%	8%
Global (n=96)			
Ministry of health	100%		–
H6 partnership organizations	89%	11%	–
Donors	65%	31%	4%
Academia	81%	14%	5%
Professional associations	81%	17%	2%
Civil society organizations	77%	18%	5%
Private sector	56%	36%	7%
Adolescents/young people	65%	33%	2%

96 Member States reported on this (2023 survey: CC_11_a, CC_11_c, CC_11_e, CC_11_f, CC_11_g, CC_11_h, CC_11_i, CC_11_j).
H6 partnership organizations are UNAIDS, UNFPA, UNICEF, WHO, UN Women, World Bank.

Table A3.3. Stakeholders that participate in reviews of SRMNCAH plans, by WHO region, as reported in 2023 WHO SRMNCAH policy survey

	Yes	No	Unknown
AFR (n=40)			
Ministry of health	100%	–	–
H6 partnership organizations	100%	–	–
Donors	88%	10%	3%
Academia	95%	5%	–
Professional associations	93%	8%	–
Civil society organizations	98%	3%	–
Private sector	75%	25%	–
Adolescents/young people	95%	5%	–
AMR (n=21)			
Ministry of health	100%	–	–
H6 partnership organizations	90%	10%	–
Donors	38%	62%	–
Academia	81%	19%	–
Professional associations	90%	5%	5%
Civil society organizations	71%	29%	–
Private sector	62%	29%	10%
Adolescents/young people	71%	24%	5%
EMR (n=11)			
Ministry of health	100%	–	–
H6 partnership organizations	91%	9%	–
Donors	36%	55%	9%
Academia	82%	18%	–
Professional associations	91%	–	9%
Civil society organizations	82%	18%	–
Private sector	36%	64%	–
Adolescents/young people	27%	55%	18%

Table A3.3 (continued). Stakeholders that participate in reviews of SRMNCAH plans, by WHO region, as reported in 2023 WHO SRMNCAH policy survey

	Yes	No	Unknown
SEAR (n=11)			
Ministry of health	100%	–	–
H6 partnership organizations	100%	–	–
Donors	91%	9%	–
Academia	91%	9%	–
Professional associations	91%	9%	–
Civil society organizations	91%	9%	–
Private sector	73%	18%	9%
Adolescents/young people	73%	18%	9%
WPR (n=13)			
Ministry of health	100%	–	–
H6 partnership organizations	77%	23%	–
Donors	62%	31%	8%
Academia	77%	15%	8%
Professional associations	77%	15%	8%
Civil society organizations	62%	23%	15%
Private sector	62%	31%	8%
Adolescents/young people	46%	46%	8%
Global (n=101)			
Ministry of health	100%	–	–
H6 partnership organizations	93%	7%	–
Donors	67%	30%	3%
Academia	87%	12%	1%
Professional associations	89%	8%	3%
Civil society organizations	83%	15%	2%
Private sector	63%	33%	4%
Adolescents/young people	71%	24%	5%

101 Member States reported on this (2023 survey: CC_15_a to CC_15_j).
H6 partnership organizations are UNAIDS, UNFPA, UNICEF, WHO, UN Women, World Bank.

Table A3.4. National quality of care standards and protocols for delivery of services in health facilities developed for any SRMNCAH services, by service area and by WHO region, as reported in 2023 WHO SRMNCAH policy survey

	Yes	No	Unknown
AFR (n=41)			
Sexual and reproductive health	90%	7%	2%
Maternal health	93%	7%	–
Newborn health	95%	5%	–
Child health	93%	5%	2%
Adolescent health	76%	22%	2%
All SRMNCAH service areas included	68%	32%	–
AMR (n=23)			
Sexual and reproductive health	91%	4%	4%
Maternal health	100%	–	–
Newborn health	87%	–	13%
Child health	87%	4%	9%
Adolescent health	96%	4%	–
All SRMNCAH service areas included	70%	30%	–
EMR (n=12)			
Sexual and reproductive health	100%	–	–
Maternal health	100%	–	–
Newborn health	100%	–	–
Child health	92%	8%	–
Adolescent health	75%	25%	–
All SRMNCAH service areas included	75%	25%	–

Table A3.4 (continued). National quality of care standards and protocols for delivery of services in health facilities developed for any SRMNCAH services, by service area and by WHO region, as reported in 2023 WHO SRMNCAH policy survey

	Yes	No	Unknown
SEAR (n=11)			
Sexual and reproductive health	82%	18%	–
Maternal health	100%	–	–
Newborn health	100%	–	–
Child health	91%	9%	–
Adolescent health	82%	18%	–
All SRMNCAH service areas included	73%	27%	–
WPR (n=12)			
Sexual and reproductive health	92%	–	8%
Maternal health	100%	–	–
Newborn health	83%	8%	8%
Child health	83%	–	17%
Adolescent health	83%	8%	8%
All SRMNCAH service areas included	67%	33%	–
Global (n=104)			
Sexual and reproductive health	91%	6%	3%
Maternal health	97%	3%	–
Newborn health	93%	3%	4%
Child health	89%	5%	6%
Adolescent health	82%	15%	3%
All SRMNCAH service areas included	70%	30%	–

104 Member States reported on this (2023 survey: CC_20_a to CC_20_e).

Table A3.5. Policy requirements and process for birth registration, by WHO region, as reported in 2023 WHO SRMNCAH policy survey

	Yes	No	Unknown
AFR (n=42)			
Requirement for births to be registered by an official government authority	95%	0%	5%
Specifications for which informants are authorized to register/notify a birth	90%	5%	5%
Timeframe for birth registration	86%	7%	7%
Requirements for registration of births among vulnerable groups	62%	14%	24%
Fee for birth registration	26%	62%	12%
Requirement for issuance of a birth certificate	90%	0%	10%
Requirement of proof of birth certificate for access to children’s health services	12%	86%	2%
Requirement of proof of birth certificate for access to children’s education	48%	45%	7%
AMR (n=26)			
Requirement for births to be registered by an official government authority	81%	15%	4%
Specifications for which informants are authorized to register/notify a birth	92%	4%	4%
Timeframe for birth registration	96%	4%	0%
Requirements for registration of births among vulnerable groups	54%	38%	8%
Fee for birth registration	15%	81%	4%
Requirement for issuance of a birth certificate	88%	8%	4%
Requirement of proof of birth certificate for access to children’s health services	35%	58%	8%
Requirement of proof of birth certificate for access to children’s education	69%	23%	8%
EMR (n=13)			
Requirement for births to be registered by an official government authority	100%	0%	0%
Specifications for which informants are authorized to register/notify a birth	100%	0%	0%
Timeframe for birth registration	92%	8%	0%
Requirements for registration of births among vulnerable groups	77%	0%	23%
Fee for birth registration	69%	31%	0%
Requirement for issuance of a birth certificate	100%	0%	0%
Requirement of proof of birth certificate for access to children’s health services	38%	62%	0%
Requirement of proof of birth certificate for access to children’s education	85%	15%	0%

Table A3.5 (continued). Policy requirements and process for birth registration, by WHO region, as reported in 2023 WHO SRMNCAH policy survey

	Yes	No	Unknown
SEAR (n=11)			
Requirement for births to be registered by an official government authority	100%	0%	0%
Specifications for which informants are authorized to register/notify a birth	100%	0%	0%
Timeframe for birth registration	91%	9%	0%
Requirements for registration of births among vulnerable groups	82%	18%	0%
Fee for birth registration	27%	73%	0%
Requirement for issuance of a birth certificate	100%	0%	0%
Requirement of proof of birth certificate for access to children’s health services	18%	82%	0%
Requirement of proof of birth certificate for access to children’s education	73%	27%	0%
WPR (n=14)			
Requirement for births to be registered by an official government authority	100%	0%	0%
Specifications for which informants are authorized to register/notify a birth	93%	7%	0%
Timeframe for birth registration	93%	7%	0%
Requirements for registration of births among vulnerable groups	64%	21%	14%
Fee for birth registration	36%	64%	0%
Requirement for issuance of a birth certificate	79%	14%	7%
Requirement of proof of birth certificate for access to children’s health services	29%	64%	7%
Requirement of proof of birth certificate for access to children’s education	57%	29%	14%
Global (n=112)			
Requirement for births to be registered by an official government authority	94%	4%	3%
Specifications for which informants are authorized to register/notify a birth	94%	4%	3%
Timeframe for birth registration	91%	6%	3%
Requirements for registration of births among vulnerable groups	63%	20%	17%
Fee for birth registration	30%	64%	5%
Requirement for issuance of a birth certificate	91%	4%	5%
Requirement of proof of birth certificate for access to children’s health services	25%	71%	4%
Requirement of proof of birth certificate for access to children’s education	63%	30%	7%

112 Member States reported on this (2023 survey: CC_33, CC_34, CC_36 to CC_41).

Table A3.6. Content of policy/guideline on antenatal care for normal pregnancies, by WHO region, as reported in 2023 WHO SRMNCAH policy survey

	Yes	No	Unknown
AFR (n=44)			
Prevention and management of gestational diabetes	93%	5%	2%
Prevention and management of hypertensive disorders or pregnancy	98%	2%	–
Self-care interventions during pregnancy	82%	14%	5%
Screening for mental health issues during pregnancy	61%	30%	9%
Integrated delivery of services during pregnancy	100%	–	–
Use of ultrasound before 24 weeks of gestation	89%	11%	–
AMR (n=26)			
Prevention and management of gestational diabetes	100%	–	–
Prevention and management of hypertensive disorders or pregnancy	96%	4%	–
Self-care interventions during pregnancy	96%	–	4%
Screening for mental health issues during pregnancy	73%	15%	12%
Integrated delivery of services during pregnancy	100%	–	–
Use of ultrasound before 24 weeks of gestation	92%	8%	–
EMR (n=14)			
Prevention and management of gestational diabetes	100%	–	–
Prevention and management of hypertensive disorders or pregnancy	100%	–	–
Self-care interventions during pregnancy	86%	14%	–
Screening for mental health issues during pregnancy	79%	14%	7%
Integrated delivery of services during pregnancy	79%	21%	–
Use of ultrasound before 24 weeks of gestation	86%	14%	–

Table A3.6 (continued). Content of policy/guideline on antenatal care for normal pregnancies, by WHO region, as reported in 2023 WHO SRMNCAH policy survey

	Yes	No	Unknown
SEAR (n=11)			
Prevention and management of gestational diabetes	100%	–	–
Prevention and management of hypertensive disorders or pregnancy	100%	–	–
Self-care interventions during pregnancy	91%	9%	–
Screening for mental health issues during pregnancy	55%	45%	–
Integrated delivery of services during pregnancy	100%	–	–
Use of ultrasound before 24 weeks of gestation	100%	–	–
WPR (n=14)			
Prevention and management of gestational diabetes	100%	–	–
Prevention and management of hypertensive disorders or pregnancy	100%	–	–
Self-care interventions during pregnancy	86%	7%	7%
Screening for mental health issues during pregnancy	50%	29%	21%
Integrated delivery of services during pregnancy	79%	14%	7%
Use of ultrasound before 24 weeks of gestation	79%	14%	7%
Global (n=115)			
Prevention and management of gestational diabetes	97%	2%	1%
Prevention and management of hypertensive disorders or pregnancy	98%	2%	–
Self-care interventions during pregnancy	86%	10%	3%
Screening for mental health issues during pregnancy	63%	28%	10%
Integrated delivery of services during pregnancy	93%	6%	1%
Use of ultrasound before 24 weeks of gestation	90%	10%	1%

115 Member States reported on this (2023 survey: MN_11a-f).

Table A3.7. Availability of selected national policies/guidelines related to childbirth, by WHO region, as reported in 2023 WHO SRMNCAH policy survey

	Yes	No	Unknown
AFR (n=44)			
Use of a labour monitoring tool	93%	5%	2%
Presence of a companion of choice	68%	30%	2%
Choice of birthing position	70%	30%	0%
Childbirth-related infection prevention and control	91%	9%	0%
Assisted vaginal delivery	89%	7%	5%
Caesarean section	80%	14%	7%
Use of magnesium sulfate for the prevention and treatment of eclampsia	100%	0%	0%
Use of uterotonics for the prevention and treatment of postpartum haemorrhage	100%	0%	0%
AMR (n=26)			
Use of a labour monitoring tool	88%	12%	0%
Presence of a companion of choice	85%	15%	0%
Choice of birthing position	69%	31%	0%
Childbirth-related infection prevention and control	88%	8%	4%
Assisted vaginal delivery	81%	15%	4%
Caesarean section	88%	8%	4%
Use of magnesium sulfate for the prevention and treatment of eclampsia	100%	0%	0%
Use of uterotonics for the prevention and treatment of postpartum haemorrhage	81%	19%	0%
EMR (n=14)			
Use of a labour monitoring tool	79%	14%	7%
Presence of a companion of choice	50%	50%	0%
Choice of birthing position	36%	64%	0%
Childbirth-related infection prevention and control	86%	7%	7%
Assisted vaginal delivery	86%	14%	0%
Caesarean section	93%	7%	0%
Use of magnesium sulfate for the prevention and treatment of eclampsia	93%	7%	0%
Use of uterotonics for the prevention and treatment of postpartum haemorrhage	93%	7%	0%

Table A3.7 (continued). Availability of selected national policies/guidelines related to childbirth, by WHO region, as reported in 2023 WHO SRMNCAH policy survey

	Yes	No	Unknown
SEAR (n=11)			
Use of a labour monitoring tool	100%	0%	0%
Presence of a companion of choice	82%	18%	0%
Choice of birthing position	64%	36%	0%
Childbirth-related infection prevention and control	100%	0%	0%
Assisted vaginal delivery	91%	9%	0%
Caesarean section	73%	27%	0%
Use of magnesium sulfate for the prevention and treatment of eclampsia	100%	0%	0%
Use of uterotonics for the prevention and treatment of postpartum haemorrhage	100%	0%	0%
WPR (n=14)			
Use of a labour monitoring tool	71%	21%	7%
Presence of a companion of choice	71%	21%	7%
Choice of birthing position	43%	57%	0%
Childbirth-related infection prevention and control	71%	21%	7%
Assisted vaginal delivery	64%	29%	7%
Caesarean section	57%	29%	14%
Use of magnesium sulfate for the prevention and treatment of eclampsia	93%	7%	0%
Use of uterotonics for the prevention and treatment of postpartum haemorrhage	93%	7%	0%
Global (n=115)			
Use of a labour monitoring tool	88%	9%	3%
Presence of a companion of choice	71%	26%	3%
Choice of birthing position	63%	37%	1%
Childbirth-related infection prevention and control	89%	9%	3%
Assisted vaginal delivery	84%	12%	3%
Caesarean section	80%	15%	5%
Use of magnesium sulfate for the prevention and treatment of eclampsia	98%	2%	0%
Use of uterotonics for the prevention and treatment of postpartum haemorrhage	94%	6%	0%

115 Member States reported on these indicators (2023 survey: MN_15-MN_22).

Table A3.8. National policies/guidelines on essential newborn care that recommend selected interventions, by WHO region, as reported in WHO 2023 SRMNCAH policy survey

	Yes	No	Unknown
AFR (n=44)			
Delayed cord clamping	93%	5%	2%
Weighing at birth and identification of low-birth-weight newborns	100%	–	–
Drying/thermal care	98%	–	2%
Immediate skin-to-skin care after birth	98%	–	2%
Initiation of breastfeeding within first hour after birth	100%	–	–
Hepatitis B birth dose vaccination	77%	20%	2%
BCG vaccination	100%	–	–
AMR (n=26)			
Delayed cord clamping	92%	4%	4%
Weighing at birth and identification of low-birth-weight newborns	100%	–	–
Drying/thermal care	96%	–	4%
Immediate skin-to-skin care after birth	100%	–	–
Initiation of breastfeeding within first hour after birth	100%	–	–
Hepatitis B birth dose vaccination	88%	8%	4%
BCG vaccination	77%	23%	–
EMR (n=14)			
Delayed cord clamping	86%	7%	7%
Weighing at birth and identification of low-birth-weight newborns	100%		
Drying/thermal care	93%	7%	
Immediate skin-to-skin care after birth	93%	7%	
Initiation of breastfeeding within first hour after birth	93%	7%	
Hepatitis B birth dose vaccination	100%	–	
BCG vaccination	93%	7%	

Table A3.8 (continued). National policies/guidelines on essential newborn care that recommend selected interventions, by WHO region, as reported in WHO 2023 SRMNCAH policy survey

	Yes	No	Unknown
SEAR (n=11)			
Delayed cord clamping	100%	–	
Weighing at birth and identification of low-birth-weight newborns	100%	–	
Drying/thermal care	100%	–	
Immediate skin-to-skin care after birth	100%	–	
Initiation of breastfeeding within first hour after birth	100%	–	
Hepatitis B birth dose vaccination	73%	27%	
BCG vaccination	100%	–	
WPR (n=14)			
Delayed cord clamping	64%	36%	–
Weighing at birth and identification of low-birth-weight newborns	100%	–	–
Drying/thermal care	79%	7%	14%
Immediate skin-to-skin care after birth	100%	–	–
Initiation of breastfeeding within first hour after birth	100%	–	–
Hepatitis B birth dose vaccination	100%	–	–
BCG vaccination	93%	–	7%
Global (n=115)			
Delayed cord clamping	89%	8%	3%
Weighing at birth and identification of low-birth-weight newborns	100%	–	–
Drying/thermal care	95%	2%	3%
Immediate skin-to-skin care after birth	98%	1%	1%
Initiation of breastfeeding within first hour after birth	99%	1%	–
Hepatitis B birth dose vaccination	86%	12%	2%
BCG vaccination	93%	6%	1%

115 Member States reported on this (2023 survey: MN_24_a to MN_24_g).
BCG: bacille Calmette–Guérin.

Table A3.9. Specified interventions recommended in national policy/guideline on postnatal care, by WHO region, as reported in 2023 WHO SRMNCAH policy survey

	Yes	No	Unknown
AFR (n=44)			
Recommend screening for postpartum depression and anxiety in postnatal contacts	68%	20%	11%
Inclusion of postpartum family planning counselling	100%		
Inclusion of integrated delivery of services during postnatal care, including HIV, tuberculosis and/or malaria	93%	2%	5%
AMR (n=26)			
Recommend screening for postpartum depression and anxiety in postnatal contacts	81%	19%	
Inclusion of postpartum family planning counselling	100%		
Inclusion of integrated delivery of services during postnatal care, including HIV, tuberculosis and/or malaria	92%	4%	4%
EMR (n=14)			
Recommend screening for postpartum depression and anxiety in postnatal contacts	71%	21%	7%
Inclusion of postpartum family planning counselling	100%		
Inclusion of integrated delivery of services during postnatal care, including HIV, tuberculosis and/or malaria	57%	29%	14%
SEAR (n=11)			
Recommend screening for postpartum depression and anxiety in postnatal contacts	91%	9%	
Inclusion of postpartum family planning counselling	100%		
Inclusion of integrated delivery of services during postnatal care, including HIV, tuberculosis and/or malaria	91%	9%	
WPR (n=14)			
Recommend screening for postpartum depression and anxiety in postnatal contacts	64%	29%	7%
Inclusion of postpartum family planning counselling	71%	21%	7%
Inclusion of integrated delivery of services during postnatal care, including HIV, tuberculosis and/or malaria	57%	29%	14%
Global (n=115)			
Recommend screening for postpartum depression and anxiety in postnatal contacts	72%	22%	6%
Inclusion of postpartum family planning counselling	96%	3%	1%
Inclusion of integrated delivery of services during postnatal care, including HIV, tuberculosis and/or malaria	83%	10%	6%

115 Member States reported on this (2023 survey: MN_32 to MN_34).

Table A3.10. Newborn conditions for which national policy/guideline recommends screening, by WHO region, as reported in 2023 WHO SRMNCAH policy survey

	Yes	No	Unknown
AFR (n=44)			
Congenital heart defects	75%	23%	2%
Metabolic disorders	57%	39%	5%
Eye abnormalities	80%	18%	2%
Hearing deficits	64%	34%	2%
Jaundice	91%	9%	
AMR (n=26)			
Congenital heart defects	77%	19%	4%
Metabolic disorders	73%	23%	4%
Eye abnormalities	81%	12%	8%
Hearing deficits	73%	23%	4%
Jaundice	92%	8%	
EMR (n=14)			
Congenital heart defects	50%	29%	21%
Metabolic disorders	64%	14%	21%
Eye abnormalities	71%	7%	21%
Hearing deficits	71%	14%	14%
Jaundice	71%	7%	21%
SEAR (n=11)			
Congenital heart defects	64%	27%	9%
Metabolic disorders	64%	27%	9%
Eye abnormalities	64%	27%	9%
Hearing deficits	64%	27%	9%
Jaundice	73%	27%	
WPR (n=14)			
Congenital heart defects	57%	36%	7%
Metabolic disorders	64%	21%	14%
Eye abnormalities	64%	21%	14%
Hearing deficits	64%	21%	14%
Jaundice	71%	14%	14%

Table A3.10 (continued). Newborn conditions for which national policy/guideline recommends screening, by WHO region, as reported in 2023 WHO SRMNCAH policy survey

	Yes	No	Unknown
Global (n=115)			
Congenital heart defects	67%	26%	7%
Metabolic disorders	63%	27%	10%
Eye abnormalities	74%	17%	10%
Hearing deficits	68%	25%	7%
Jaundice	83%	12%	5%

115 Member States reported on this (2023 survey: MN_35_a to MN_35_e).

Table A3.11. Birth defect surveillance system exists in the country, by WHO region, as reported in the 2023 WHO SRMNCAH policy survey

	Yes	No	Unknown
AFR (n=44)	36%	55%	9%
AMR (n=26)	62%	31%	8%
EMR (n=14)	43%	43%	14%
SEAR (n=11)	91%	9%	0%
WPR (n=14)	50%	21%	29%
Global (n=115)	50%	37%	13%

115 Member States reported on this (2023 survey: MN_36).

Table A3.12. National policies/guidelines on care for preterm/low-birth-weight newborns, by WHO region, as reported in the 2023 WHO SRMNCAH policy survey

	Yes	No	Unknown
AFR (n=44)			
Recommends KMC for clinically stable newborns weighing 2000 g or less at birth at health facilities	91%	9%	0%
Recommends mother/parent/family participation in routine care of their preterm or low-birth-weight infants inside the newborn care unit	91%	9%	0%
Recommends support for starting KMC at home for low-birth-weight babies born at home or discharged without KMC, who do not need care in a newborn care unit	73%	23%	5%

Table A3.12 (continued). National policies/guidelines on care for preterm/low-birth-weight newborns, by WHO region, as reported in the 2023 WHO SRMNCAH policy survey

	Yes	No	Unknown
AMR (n=26)			
Recommends KMC for clinically stable newborns weighing 2000 g or less at birth at health facilities	77%	12%	12%
Recommends mother/parent/family participation in routine care of their preterm or low-birth-weight infants inside the newborn care unit	65%	23%	12%
Recommends support for starting KMC at home for low-birth-weight babies born at home or discharged without KMC, who do not need care in a newborn care unit	38%	38%	23%
EMR (n=14)			
Recommends KMC for clinically stable newborns weighing 2000 g or less at birth at health facilities	93%	7%	0%
Recommends mother/parent/family participation in routine care of their preterm or low-birth-weight infants inside the newborn care unit	50%	14%	36%
Recommends support for starting KMC at home for low-birth-weight babies born at home or discharged without KMC, who do not need care in a newborn care unit	43%	21%	36%
SEAR (n=11)			
Recommends KMC for clinically stable newborns weighing 2000 g or less at birth at health facilities	91%	9%	0%
Recommends mother/parent/family participation in routine care of their preterm or low-birth-weight infants inside the newborn care unit	55%	36%	9%
Recommends support for starting KMC at home for low-birth-weight babies born at home or discharged without KMC, who do not need care in a newborn care unit	45%	45%	9%
WPR (n=14)			
Recommends KMC for clinically stable newborns weighing 2000 g or less at birth at health facilities	50%	36%	14%
Recommends mother/parent/family participation in routine care of their preterm or low-birth-weight infants inside the newborn care unit	43%	36%	21%
Recommends support for starting KMC at home for low-birth-weight babies born at home or discharged without KMC, who do not need care in a newborn care unit	36%	43%	21%
Global (n=115)			
Recommends KMC for clinically stable newborns weighing 2000 g or less at birth at health facilities	82%	14%	4%
Recommends mother/parent/family participation in routine care of their preterm or low-birth-weight infants inside the newborn care unit	70%	20%	10%
Recommends support for starting KMC at home for low-birth-weight babies born at home or discharged without KMC, who do not need care in a newborn care unit	53%	31%	16%

115 Member States reported on this (2023 survey: MN_42, MN_44, MN_45).

KMC: kangaroo mother care.

Table A3.13. Specified health services to be provided free of charge in public sector for women of reproductive age per national policy, by WHO region, as reported in the 2023 WHO SRMNCAH policy survey

	Yes, for all women	Yes, for other selected population groups	Yes, only for women over age 18	No	Unknown
AFR (n=44)					
Antenatal care	73%	2%	5%	20%	0%
Childbirth (normal delivery)	66%	5%	5%	25%	0%
Caesarean section	68%	14%	2%	16%	0%
Management of birth complications	57%	9%	2%	32%	0%
Postpartum care for women	68%	0%	2%	30%	0%
AMR (n=26)					
Antenatal care	92%	4%	0%	4%	0%
Childbirth (normal delivery)	77%	8%	0%	15%	0%
Caesarean section	73%	12%	0%	15%	0%
Management of birth complications	77%	8%	0%	15%	0%
Postpartum care for women	85%	12%	0%	4%	0%
EMR (n=14)					
Antenatal care	79%	14%	0%	7%	0%
Childbirth (normal delivery)	50%	36%	0%	14%	0%
Caesarean section	50%	36%	0%	14%	0%
Management of birth complications	50%	36%	0%	14%	0%
Postpartum care for women	71%	21%	0%	7%	0%
SEAR (n=11)					
Antenatal care	100%	0%	0%	0%	0%
Childbirth (normal delivery)	100%	0%	0%	0%	0%
Caesarean section	100%	0%	0%	0%	0%
Management of birth complications	100%	0%	0%	0%	0%
Postpartum care for women	100%	0%	0%	0%	0%

Table A3.13 (continued). Specified health services to be provided free of charge in public sector for women of reproductive age per national policy, by WHO region, as reported in the 2023 WHO SRMNCAH policy survey

	Yes, for all women	Yes, for other selected population groups	Yes, only for women over age 18	No	Unknown
WPR (n=14)					
Antenatal care	50%	36%	0%	7%	7%
Childbirth (normal delivery)	36%	43%	0%	14%	7%
Caesarean section	29%	43%	0%	21%	7%
Management of birth complications	36%	43%	0%	14%	7%
Postpartum care for women	50%	29%	0%	14%	7%
Global (n=115)					
Antenatal care	79%	8%	2%	10%	1%
Childbirth (normal delivery)	68%	13%	2%	17%	1%
Caesarean section	65%	18%	1%	15%	1%
Management of birth complications	64%	15%	1%	19%	1%
Postpartum care for women	75%	9%	1%	15%	1%

115 Member States reported on this (2023 survey: CC_22_b to CC_22_f).

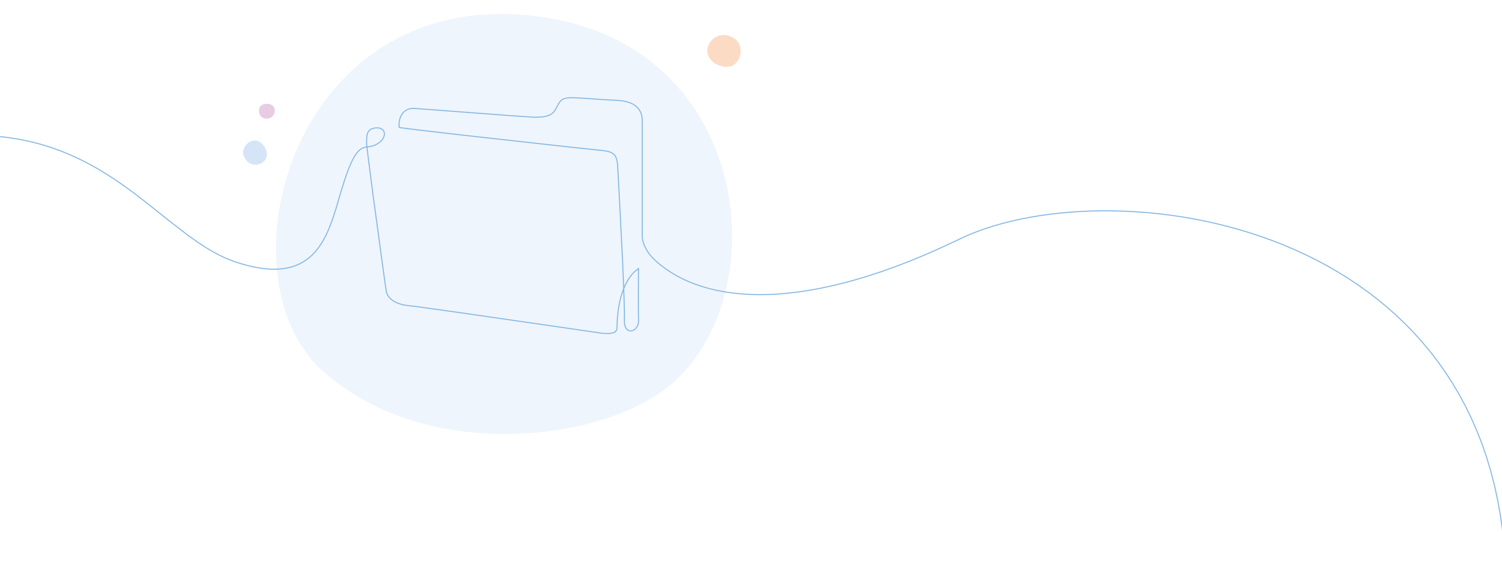


Table A3.14. Specified health services to be provided free of charge at point of care in public sector for newborns per national policy, by WHO region, as reported in the 2023 WHO SRMNCAH policy survey

	Yes, for all newborns	Yes, for selected population groups	No	Unknown
AFR (n=44)				
Management of birth complications	61%	5%	34%	
Postnatal care	73%	2%	25%	
Sick newborn care	61%	9%	30%	
AMR (n=26)				
Management of birth complications	88%		12%	
Postnatal care	96%		4%	
Sick newborn care	88%		12%	
EMR (n=14)				
Management of birth complications	57%	29%	14%	
Postnatal care	79%	14%	7%	
Sick newborn care	43%	36%	21%	
SEAR (n=11)				
Management of birth complications	100%			
Postnatal care	100%			
Sick newborn care	100%			
WPR (n=14)				
Management of birth complications	43%	36%	14%	7%
Postnatal care	57%	29%	7%	7%
Sick newborn care	43%	36%	14%	7%
Global (n=115)				
Management of birth complications	70%	10%	19%	1%
Postnatal care	81%	6%	12%	1%
Sick newborn care	69%	12%	18%	1%

115 Member States reported on this (2023 survey: CC_23_a to CC_23_c).

Table A3.15. National policy/guideline/law requiring maternal and perinatal deaths to be notified to a central authority, as reported in 2023 WHO SRMNCAH policy survey

	Yes, maternal	Yes, maternal and perinatal	No	Unknown
AFR (n=44)				
All maternal and perinatal deaths happening in health facilities to be notified within 24 hours to the authorities	23%	75%	2%	
All maternal and perinatal deaths happening outside the health facilities to be notified within 48 hours to the authorities	14%	66%	16%	5%
AMR (n=26)				
All maternal and perinatal deaths happening in health facilities to be notified within 24 hours to the authorities	4%	73%	19%	4%
All maternal and perinatal deaths happening outside the health facilities to be notified within 48 hours to the authorities		77%	15%	8%
EMR (n=14)				
All maternal and perinatal deaths happening in health facilities to be notified within 24 hours to the authorities	21%	64%	14%	
All maternal and perinatal deaths happening outside the health facilities to be notified within 48 hours to the authorities	21%	57%	14%	7%
SEAR (n=11)				
All maternal and perinatal deaths happening in health facilities to be notified within 24 hours to the authorities	9%	91%		
All maternal and perinatal deaths happening outside the health facilities to be notified within 48 hours to the authorities	18%	82%		
WPR (n=14)				
All maternal and perinatal deaths happening in health facilities to be notified within 24 hours to the authorities	14%	50%	21%	14%
All maternal and perinatal deaths happening outside the health facilities to be notified within 48 hours to the authorities	14%	36%	36%	14%
Global (n=115)				
All maternal and perinatal deaths happening in health facilities to be notified within 24 hours to the authorities	16%	72%	10%	3%
All maternal and perinatal deaths happening outside the health facilities to be notified within 48 hours to the authorities	11%	66%	17%	6%

115 Member States reported on this (2023 survey: MN_55, MN_56).

Table A3.16. First-line treatment for pneumonia with chest in-drawing and fast breathing per national policy/ guideline, by WHO region, as reported in 2018–2019 and 2023 WHO SRMNCAH policy surveys

		Amoxicillin	Co-trimoxazole	Amoxicillin and clavulanic acid or another antibiotic	Ampicillin/ penicillin or ampicillin and another agent	Other injectable antibiotic	Other	Unknown
AFR (n=35)								
Chest in-drawing	2018	91%	6%	0%	3%	0%	0%	0%
	2023	80%	0%	0%	20%	0%	0%	0%
Fast breathing	2018	94%	6%	0%	0%	0%	0%	0%
	2023	97%	0%	0%	3%	0%	0%	0%
AMR (n=18)								
Chest in-drawing	2018	78%	6%	6%	11%	0%	0%	0%
	2023	67%	0%	6%	22%	6%	0%	0%
Fast breathing	2018	89%	6%	6%	0%	0%	0%	0%
	2023	83%	0%	6%	6%	6%	0%	0%
EMR (n=14)								
Chest in-drawing	2018	43%	29%	7%	0%	14%	7%	0%
	2023	50%	7%	14%	21%	7%	0%	0%
Fast breathing	2018	64%	21%	7%	0%	7%	0%	0%
	2023	64%	14%	7%	7%	7%	0%	0%
SEAR (n=11)								
Chest in-drawing	2018	82%	9%	0%	9%	0%	0%	0%
	2023	73%	0%	9%	9%	0%	0%	9%
Fast breathing	2018	91%	9%	0%	0%	0%	0%	0%
	2023	82%	0%	9%	9%	0%	0%	0%
Global (n=90)								
Chest in-drawing	2018	79%	10%	2%	4%	3%	1%	0%
	2023	71%	1%	4%	18%	4%	0%	1%
Fast breathing	2018	87%	9%	2%	0%	2%	0%	0%
	2023	86%	2%	3%	6%	3%	0%	0%

Calculated among Member States that completed both survey rounds (n=90 countries) and reported on this (2018–2019 survey: CH_17, CH_18; 2023 survey: CH_11, CH_12). As only eight countries from the WHO Western Pacific Region reported on this in both survey rounds, regional averages would not have been representative and so were not presented separately. The responses from these eight countries are included in the comparison of the global averages.

Table A3.17. Conditions addressed in national policy/guideline on IMCI, by WHO region, as reported in 2023 WHO SRMNCAH policy survey

	Yes	No	Unknown
AFR (n=40)			
Diarrhoea	100%		
Pneumonia	100%		
Malaria	98%		3%
Measles	98%	3%	
Acute malnutrition	100%		
Anaemia	100%		
Essential newborn care	90%	10%	
Infant and young child feeding	100%		
AMR (n=20)			
Diarrhoea	95%	5%	
Pneumonia	100%		
Malaria	75%	25%	
Measles	75%	25%	
Acute malnutrition	90%	10%	
Anaemia	95%	5%	
Essential newborn care	100%		
Infant and young child feeding	100%		
EMR (n=14)			
Diarrhoea	100%		
Pneumonia	100%		
Malaria	50%	50%	
Measles	93%		7%
Acute malnutrition	100%		
Anaemia	100%		
Essential newborn care	100%		
Infant and young child feeding	100%		

Table A3.17 (continued). Conditions addressed in national policy/guideline on IMCI, by WHO region, as reported in 2023 WHO SRMNCAH policy survey

	Yes	No	Unknown
SEAR (n=10)			
Diarrhoea	100%		
Pneumonia	100%		
Malaria	100%		
Measles	100%		
Acute malnutrition	100%		
Anaemia	100%		
Essential newborn care	100%		
Infant and young child feeding	100%		
WPR (n=10)			
Diarrhoea	100%		
Pneumonia	100%		
Malaria	80%	20%	
Measles	100%		
Acute malnutrition	90%	10%	
Anaemia	90%	10%	
Essential newborn care	90%	10%	
Infant and young child feeding	90%	10%	
Global (n=100)			
Diarrhoea	99%	1%	
Pneumonia	100%		
Malaria	80%	19%	1%
Measles	92%	7%	1%
Acute malnutrition	96%	4%	
Anaemia	97%	3%	
Essential newborn care	95%	5%	
Infant and young child feeding	99%	1%	

100 Member States reported on this (2023 survey: CH_39_a to CH_39_h).

Table A3.18. Content of national policy/guideline on early childhood development, by WHO region, as reported in 2023 WHO SRMNCAH policy survey

	Yes	No	Unknown
AFR (n=33)			
Responsive care and early learning	97%	3%	
Infant and young child nutrition	97%	3%	
Care for children with developmental difficulties and disabilities	94%	6%	
Protection of children from violence	88%	9%	3%
Family social welfare support	82%	9%	9%
Addresses all 5 areas	76%	24%	
AMR (n=26)			
Responsive care and early learning	100%		
Infant and young child nutrition	100%		
Care for children with developmental difficulties and disabilities	96%	4%	
Protection of children from violence	88%	4%	8%
Family social welfare support	81%	8%	12%
Addresses all 5 areas	77%	23%	
EMR (n=11)			
Responsive care and early learning	91%	9%	
Infant and young child nutrition	100%		
Care for children with developmental difficulties and disabilities	100%		
Protection of children from violence	82%	9%	9%
Family social welfare support	55%	27%	18%
Addresses all 5 areas	45%	55%	
SEAR (n=10)			
Responsive care and early learning	100%		
Infant and young child nutrition	100%		
Care for children with developmental difficulties and disabilities	100%		
Protection of children from violence	80%	10%	10%
Family social welfare support	70%	20%	10%
Addresses all 5 areas	60%	40%	

Table A3.18 (continued). Content of national policy/guideline on early childhood development, by WHO region, as reported in 2023 WHO SRMNCAH policy survey

	Yes	No	Unknown
WPR (n=11)			
Responsive care and early learning	100%		
Infant and young child nutrition	100%		
Care for children with developmental difficulties and disabilities	82%	9%	9%
Protection of children from violence	73%	18%	9%
Family social welfare support	64%	18%	18%
Addresses all 5 areas	55%	45%	
Global (n=95)			
Responsive care and early learning	98%	2%	
Infant and young child nutrition	99%	1%	
Care for children with developmental difficulties and disabilities	95%	4%	1%
Protection of children from violence	85%	8%	6%
Family social welfare support	76%	13%	12%
Addresses all 5 areas	69%	31%	

95 Member States reported on this (2023 survey: CH_34_a to CH_34_e).

Table A3.19. Involvement of sectors in national coordination mechanism for early childhood development, as reported in 2023 WHO SRMNCAH policy survey

	Yes	No	Unknown
AFR (n=29)			
Health	100%		
Nutrition	100%		
Education	100%		
Social welfare or social protection	97%		3%
Child protection	100%		
Environmental safety and security, including water and sanitation	90%		10%
AMR (n=25)			
Health	100%		
Nutrition	96%	4%	
Education	100%		
Social welfare or social protection	100%		

Table A3.19 (continued). Involvement of sectors in national coordination mechanism for early childhood development, as reported in 2023 WHO SRMNCAH policy survey

	Yes	No	Unknown
AMR (n=25)			
Child protection	92%	4%	4%
Environmental safety and security, including water and sanitation	76%	16%	8%
EMR (n=12)			
Health	100%		
Nutrition	100%		
Education	100%		
Social welfare or social protection	100%		
Child protection	100%		
Environmental safety and security, including water and sanitation	75%	17%	8%
SEAR (n=10)			
Health	100%		
Nutrition	100%		
Education	100%		
Social welfare or social protection	100%		
Child protection	100%		
Environmental safety and security, including water and sanitation	80%	20%	
WPR (n=10)			
Health	100%		
Nutrition	100%		
Education	100%		
Social welfare or social protection	80%	10%	10%
Child protection	90%	10%	
Environmental safety and security, including water and sanitation	70%		30%
Global (n=91)			
Health	100%		
Nutrition	98%	2%	
Education	100%		
Social welfare or social protection	97%	1%	2%
Child protection	97%	2%	1%
Environmental safety and security, including water and sanitation	78%	12%	10%

91 Member States reported on this (2023 survey: CH_36_a to CH_36_f).

Table A3.20. Exemptions from user fees for children in public sector, per national policy, for specified health services, by WHO region, as reported in 2023 WHO SRMNCAH policy survey

	Yes, for all children under 5	Yes, for all children 5-9	Yes, for selected population groups	No	Unknown
AFR (n=44)					
Well-child visits and growth monitoring	84%	14%	5%	16%	
Immunization	91%	18%	14%		
Sick child outpatient care	70%	14%	18%	14%	2%
Paediatric inpatient care	59%	14%	14%	32%	
AMR (n=26)					
Well-child visits and growth monitoring	96%	27%		4%	
Immunization	100%	31%			
Sick child outpatient care	85%	27%	4%	8%	
Paediatric inpatient care	81%	23%	8%	8%	4%
EMR (n=14)					
Well-child visits and growth monitoring	86%	29%	14%	7%	
Immunization	93%	50%	7%		
Sick child outpatient care	50%	7%	36%	14%	
Paediatric inpatient care	36%	21%	29%	21%	7%
SEAR (n=11)					
Well-child visits and growth monitoring	100%	27%			
Immunization	100%	36%			
Sick child outpatient care	91%	55%	9%		
Paediatric inpatient care	92%	46%	9%		
WPR (n=14)					
Well-child visits and growth monitoring	86%	36%	21%		
Immunization	100%	50%	7%		
Sick child outpatient care	79%	36%	21%	7%	0%
Paediatric inpatient care	57%	36%	43%	7%	0%
Global (n=115)					
Well-child visits and growth monitoring	90%	24%	6%	8%	0%
Immunization	96%	32%	8%		
Sick child outpatient care	76%	24%	17%	10%	1%
Paediatric inpatient care	65%	24%	17%	17%	2%

115 Member States reported on this (2023 survey: CC_24_a to CC_24_d). Respondents were able to select more than one response among: yes, for all children under 5 years, yes for all children aged 5–9 years, and yes for selected population groups.

Table A3.21. Adolescents cited as a specific target group for defined interventions/activities in a national policy/guideline for the following health issues, by WHO region, as reported in 2023 WHO SRMNCAH policy survey

	Alcohol	HIV/AIDS	Injury prevention	Mental health	Nutrition	Physical activity	Sexual and reproductive health	STIs	Substance use	Tobacco	TB	Services for victims/survivors of violence against women and girls
AFR (n=44)	91%	100%	77%	89%	91%	75%	100%	98%	93%	91%	75%	93%
AMR (n=26)	88%	100%	81%	96%	96%	92%	100%	96%	92%	88%	69%	96%
EMR (n=14)	93%	79%	86%	93%	86%	86%	86%	79%	93%	93%	50%	100%
SEAR (n=11)	100%	91%	100%	100%	100%	100%	91%	91%	100%	100%	82%	91%
WPR (n=14)	86%	86%	57%	79%	86%	79%	100%	86%	86%	79%	57%	79%
Global (n=115)	90%	95%	77%	90%	90%	82%	97%	92%	92%	89%	68%	91%

115 Member States reported on this (2023 survey: AD_08). The values in this table refer to the percentage of "YES" responses to each question.
STI: sexually transmitted infection; TB: tuberculosis.

Table A3.22. Existence of age limit for different types of service for unmarried adolescents to provide consent without parental/legal guardian consent, by WHO region, as reported in 2023 WHO SRMNCAH policy survey and 2020 European child and adolescent health strategy survey

	Yes	No	Unknown
AFR (n=44)			
Contraceptive services except sterilization	45.5%	50.0%	4.5%
Emergency contraception	36.4%	59.1%	4.5%
HIV testing and counselling services	61.4%	36.4%	2.3%
HIV care and treatment	52.3%	45.5%	2.3%
Harm reduction interventions for injecting drug users	18.2%	52.3%	29.5%
Mental health services	34.1%	59.1%	6.8%

Table A3.22 (continued). Existence of age limit for different types of service for unmarried adolescents to provide consent without parental/legal guardian consent, by WHO region, as reported in 2023 WHO SRMNCAH policy survey and 2020 European child and adolescent health strategy survey

	Yes	No	Unknown
AMR (n=26)			
Contraceptive services except sterilization	53.8%	42.3%	3.8%
Emergency contraception	42.3%	50.0%	7.7%
HIV testing and counselling services	65.4%	34.6%	
HIV care and treatment	65.4%	34.6%	
Harm reduction interventions for injecting drug users	26.9%	38.5%	34.6%
Mental health services	53.8%	42.3%	3.8%
EMR (n=14)			
Contraceptive services except sterilization	21.4%	71.4%	7.1%
Emergency contraception	7.1%	85.7%	7.1%
HIV testing and counselling services	21.4%	78.6%	
HIV care and treatment	35.7%	64.3%	
Harm reduction interventions for injecting drug users	21.4%	57.1%	21.4%
Mental health services	35.7%	57.1%	7.1%
EUR (n=40)			
Contraceptive services except sterilization[a]	22.5%	77.5%	
Emergency contraception[a]	20.0%	80.0%	
SEAR (n=11)			
Contraceptive services except sterilization	9.1%	81.8%	9.1%
Emergency contraception	9.1%	81.8%	9.1%
HIV testing and counselling services	18.2%	72.7%	57.1%
HIV care and treatment	18.2%	72.7%	9.1%
Harm reduction interventions for injecting drug users	72.7%	72.7%	9.1%
Mental health services	27.3%	63.6%	9.1%
WPR (n=14)			
Contraceptive services except sterilization	35.7%	57.1%	7.1%
Emergency contraception	21.4%	71.4%	7.1%
HIV testing and counselling services	35.7%	57.1%	7.1%
HIV care and treatment	35.7%	57.1%	7.1%
Harm reduction interventions for injecting drug users	14.3%	57.1%	28.6%
Mental health services	28.6%	64.3%	7.1%

Table A3.22 (continued). Existence of age limit for different types of service for unmarried adolescents to provide consent without parental/legal guardian consent, by WHO region, as reported in 2023 WHO SRMNCAH policy survey and 2020 European child and adolescent health strategy survey

	Yes	No	Unknown
Global			
Contraceptive services except sterilization (n=149)[b]	34.9%	61.1%	4.0%
Emergency contraception (n=149)[b]	26.8%	68.5%	4.7%
HIV testing and counselling services (n=115)	48.7%	48.7%	2.6%
HIV care and treatment (n=115)	47.0%	50.4%	2.6%
Harm reduction interventions for injecting drug users (n=115)	20.9%	52.2%	27.0%
Mental health services (n=115)	37.4%	55.7%	7.0%

[a] Includes data from 34 countries through the 2020 European child and adolescent health strategy survey and from six countries through the 2023 WHO SRMNCAH policy survey in the European Region.

[b] For contraceptives services, except sterilization, and for emergency contraception, 149 Member States reported on this (2023 WHO SRMNCAH policy survey (AD_20_a, AD_20_b) and 2020 European child and adolescent health strategy survey (Q59, Q60)).

For all other variables, 115 Member States reported on this (2023 survey: AD_20_c to AD_20_f). As the 2023 WHO SRMNCAH policy survey was completed by only six countries from the WHO European Region, regional averages would not have been representative and so were not presented separately. The responses from these six countries are included the global averages.

Table A3.23. Existence of age limit for different types of service for married adolescents to provide consent without spousal consent, by WHO region, as reported in 2023 WHO SRMNCAH policy survey

	Yes	No	Unknown
AFR (n=44)			
Contraceptive services except sterilization	25%	68%	7%
Emergency contraception	25%	68%	7%
HIV testing and counselling services	32%	61%	7%
HIV care and treatment	30%	64%	7%
Harm reduction interventions for injecting drug users	14%	59%	27%
Mental health services	23%	61%	16%
AMR (n=26)			
Contraceptive services except sterilization	15%	81%	4%
Emergency contraception	12%	85%	4%
HIV testing and counselling services	15%	81%	4%
HIV care and treatment	15%	81%	4%
Harm reduction interventions for injecting drug users	4%	65%	31%
Mental health services	8%	81%	12%

Table A3.23 (continued). Existence of age limit for different types of service for married adolescents to provide consent without spousal consent, by WHO region, as reported in 2023 WHO SRMNCAH policy survey

	Yes	No	Unknown
EMR (n=14)			
Contraceptive services except sterilization	43%	50%	7%
Emergency contraception	21%	64%	14%
HIV testing and counselling services	43%	50%	7%
HIV care and treatment	43%	50%	7%
Harm reduction interventions for injecting drug users	21%	57%	21%
Mental health services	21%	64%	14%
SEAR (n=11)			
Contraceptive services except sterilization		91%	9%
Emergency contraception		91%	9%
HIV testing and counselling services	9%	82%	9%
HIV care and treatment	9%	82%	9%
Harm reduction interventions for injecting drug users	18%	73%	9%
Mental health services	18%	73%	9%
WPR (n=14)			
Contraceptive services except sterilization	29%	71%	
Emergency contraception	21%	79%	
HIV testing and counselling services	36%	64%	
HIV care and treatment	36%	64%	
Harm reduction interventions for injecting drug users	21%	64%	14%
Mental health services	21%	57%	21%
Global (n=115)			
Contraceptive services except sterilization	23%	72%	5%
Emergency contraception	18%	75%	7%
HIV testing and counselling services	28%	66%	6%
HIV care and treatment	26%	68%	6%
Harm reduction interventions for injecting drug users	14%	63%	23%
Mental health services	18%	66%	16%

115 Member States reported on this (2023 survey: AD_21_a to AD_21_f).

Table A3.24. Exemptions from user fees for adolescents in public sector, per national policy, for specified health services, by WHO region, as reported in 2023 WHO SRMNCAH policy survey

	Yes, for all adolescents	Yes, for selected population groups	No	Unknown	Not applicable/ service not available
AFR (n=44)					
Outpatient care visits	32%	5%	64%		
Inpatient care visits	32%	7%	61%		
HIV testing and counselling	86%	5%	9%		
Contraceptives	75%	7%	18%		
Mental health	43%	5%	48%	2%	2%
Rehabilitation for substance abuse	34%	7%	48%	7%	5%
Testing and treatment for STIs	43%	9%	45%		2%
Vaccination for human papillomavirus	43%	11%	25%	9%	11%
AMR (n=26)					
Outpatient care visits	85%	8%	8%		
Inpatient care visits	77%	12%	12%		
HIV testing and counselling	96%	4%			
Contraceptives	88%	8%	4%		
Mental health	85%	8%	8%		
Rehabilitation for substance abuse	77%	8%	8%	4%	4%
Testing and treatment for STIs	81%	8%	12%		
Vaccination for human papillomavirus	77%	15%	8%		
EMR (n=14)					
Outpatient care visits	43%	36%	21%		
Inpatient care visits	36%	43%	21%		
HIV testing and counselling	64%	29%	7%		
Contraceptives	43%	21%	21%		14%
Mental health	50%	36%	14%		
Rehabilitation for substance abuse	50%	14%	21%		14%
Testing and treatment for STIs	29%	43%	29%		
Vaccination for human papillomavirus	14%	7%	36%		43%

Table A3.24 (continued). Exemptions from user fees for adolescents in public sector, per national policy, for specified health services, by WHO region, as reported in 2023 WHO SRMNCAH policy survey

	Yes, for all adolescents	Yes, for selected population groups	No	Unknown	Not applicable/ service not available
SEAR (n=11)					
Outpatient care visits	91%		9%		
Inpatient care visits	82%	9%	9%		
HIV testing and counselling	100%				
Contraceptives	73%	9%	18%		
Mental health	100%				
Rehabilitation for substance abuse	73%	9%	18%		
Testing and treatment for STIs	91%	9%			
Vaccination for human papillomavirus	27%	45%	18%		9%
WPR (n=14)					
Outpatient care visits	50%	21%	29%		
Inpatient care visits	36%	36%	29%		
HIV testing and counselling	71%	21%	7%		
Contraceptives	57%	36%	7%		
Mental health	57%	36%	7%		
Rehabilitation for substance abuse	14%	29%	21%	21%	14%
Testing and treatment for STIs	57%	21%	21%		
Vaccination for human papillomavirus	57%	21%	21%		
Global (n=115)					
Outpatient care visits	56%	11%	33%		
Inpatient care visits	50%	17%	33%		
HIV testing and counselling	85%	9%	6%		
Contraceptives	71%	13%	14%		2%
Mental health	62%	13%	23%	1%	1%
Rehabilitation for substance abuse	48%	11%	28%	7%	6%
Testing and treatment for STIs	57%	16%	27%		1%
Vaccination for human papillomavirus	46%	17%	22%	4%	10%

115 Member States reported on this (2023 survey: CC_25_a to CC_25_h).

STI: sexually transmitted infection.

Table A3.25. National policy/guideline on family planning/contraception has provisions that restrict access to these services to selected population groups, by WHO region, as reported in 2023 WHO SRMNCAH policy survey

	Yes	No	Unknown
AFR (n=43)			
Adolescents	16%	81%	2%
Post-abortion women	5%	95%	
Unmarried individuals	7%	93%	
Humanitarian or crisis settings	5%	95%	
AMR (n=24)			
Adolescents	29%	71%	
Post-abortion women	13%	88%	
Unmarried individuals	8%	92%	
Humanitarian or crisis settings	13%	88%	
EMR (n=14)			
Adolescents	29%	64%	7%
Post-abortion women	29%	71%	
Unmarried individuals	50%	43%	7%
Humanitarian or crisis settings	14%	64%	21%
SEAR (n=11)			
Adolescents	27%	73%	
Post-abortion women	9%	91%	
Unmarried individuals	36%	64%	
Humanitarian or crisis settings	9%	82%	9%
WPR (n=11)			
Adolescents	18%	82%	
Post-abortion women	9%	91%	
Unmarried individuals	9%	91%	
Humanitarian or crisis settings		100%	
Global (n=109)			
Adolescents	22%	76%	2%
Post-abortion women	11%	89%	
Unmarried individuals	17%	83%	1%
Humanitarian or crisis settings	8%	88%	4%

109 Member States reported on this (2023 survey: RH_14_a to RH_14_d).

Table A3.26. Cadres of health workers allowed to independently perform selected services, other than a specialist doctor, by WHO region, as reported in 2023 WHO SRMNCAH policy survey

	CHW/lay worker	Auxiliary midwife	Auxiliary nurse	Midwife	Nurse	Family doctor
AFR (n=44)						
Injectable contraceptives	41%	23%	41%	98%	98%	93%
Intrauterine device insertion and removal	2%	9%	7%	93%	73%	95%
Implant insertion and removal	2%	9%	11%	95%	80%	95%
AMR (n=26)						
Injectable contraceptives	19%	23%	42%	69%	73%	92%
Intrauterine device insertion and removal		8%	12%	50%	54%	88%
Implant insertion and removal		8%	8%	42%	38%	81%
EMR (n=14)						
Injectable contraceptives	14%	14%	21%	64%	64%	93%
Intrauterine device insertion and removal		7%		50%	21%	100%
Implant insertion and removal				29%	7%	86%
SEAR (n=11)						
Injectable contraceptives	18%	18%	45%	73%	82%	91%
Intrauterine device insertion and removal		18%	27%	55%	64%	91%
Implant insertion and removal		9%	9%	27%	27%	82%
WPR (n=14)						
Injectable contraceptives		14%	14%	64%	71%	79%
Intrauterine device insertion and removal				57%	29%	64%
Implant insertion and removal				50%	36%	64%
Global (n=115)						
Injectable contraceptives	23%	19%	34%	77%	79%	89%
Intrauterine device insertion and removal	1%	8%	8%	65%	52%	89%
Implant insertion and removal	1%	6%	7%	58%	47%	83%

115 Member States reported on this (2023 survey: RH_16_a to RH_16_c).

CHW: community health worker.

Table A3.27. Content of national strategies/policies/guidelines on STIs, by WHO region, as reported in 2023 WHO SRMNCAH policy survey

	Yes	No	Unknown
AFR (n=44)			
National strategy on STIs includes a target that contributes to the reduction of congenital syphilis	95%	0%	5%
National policy/guideline that addresses screening for syphilis during antenatal care	100%	0%	0%
National policy/guideline for STIs includes a recommendation on integrating HIV and STI testing	98%	2%	0%
AMR (n=23)			
National strategy on STIs includes a target that contributes to the reduction of congenital syphilis	96%	0%	4%
National policy/guideline that addresses screening for syphilis during antenatal care	100%	0%	0%
National policy/guideline for STIs includes a recommendation on integrating HIV and STI testing	100%	0%	0%
EMR (n=13)			
National strategy on STIs includes a target that contributes to the reduction of congenital syphilis	46%	38%	15%
National policy/guideline that addresses screening for syphilis during antenatal care	62%	23%	15%
National policy/guideline for STIs includes a recommendation on integrating HIV and STI testing	92%	8%	0%
SEAR (n=11)			
National strategy on STIs includes a target that contributes to the reduction of congenital syphilis	100%	0%	0%
National policy/guideline that addresses screening for syphilis during antenatal care	100%	0%	0%
National policy/guideline for STIs includes a recommendation on integrating HIV and STI testing	100%	0%	0%
WPR (n=14)			
National strategy on STIs includes a target that contributes to the reduction of congenital syphilis	71%	21%	7%
National policy/guideline that addresses screening for syphilis during antenatal care	100%	0%	0%
National policy/guideline for STIs includes a recommendation on integrating HIV and STI testing	93%	7%	0%

Table A3.27 (continued). Content of national strategies/policies/guidelines on STIs, by WHO region, as reported in 2023 WHO SRMNCAH policy survey

	Yes	No	Unknown
Global (n=110)			
National strategy on STIs includes a target that contributes to the reduction of congenital syphilis	87%	7%	6%
National policy/guideline that addresses screening for syphilis during antenatal care	95%	4%	2%
National policy/guideline for STIs includes a recommendation on integrating HIV and STI testing	97%	3%	0%

110 Member States reported on this (2023 survey: RH_19-RH_21).

STI: sexually transmitted infection.

Table A3.28. Services recommended in national policy/guideline on cervical cancer prevention and control, by WHO region, as reported in 2023 WHO SRMNCAH policy survey

	Yes, and free at point of service delivery in public sector	Yes, but not free	No	Unknown
AFR (n=35)				
Human papillomavirus vaccination programme	66%	17%	14%	3%
Screening for cervical pre-cancer lesions	66%	34%		
Treatment of cervical pre-cancer lesions	66%	34%		
Diagnosis of cervical cancer	54%	46%		
Treatment of cervical cancer	54%	40%	3%	3%
Palliative care of cervical cancer	51%	40%		9%
AMR (n=22)				
Human papillomavirus vaccination programme	91%		9%	
Screening for cervical pre-cancer lesions	91%	9%		
Treatment of cervical pre-cancer lesions	91%	9%		
Diagnosis of cervical cancer	86%	14%		
Treatment of cervical cancer	86%	14%		
Palliative care of cervical cancer	82%	14%	5%	

Table A3.28 (continued). Services recommended in national policy/guideline on cervical cancer prevention and control, by WHO region, as reported in 2023 WHO SRMNCAH policy survey

		Yes	No	Unknown
SEAR (n=11)				
Human papillomavirus vaccination programme	82%		18%	
Screening for cervical pre-cancer lesions	100%			
Treatment of cervical pre-cancer lesions	100%			
Diagnosis of cervical cancer	91%			9%
Treatment of cervical cancer	100%			
Palliative care of cervical cancer	91%	9%		
WPR (n=11)				
Human papillomavirus vaccination programme	73%	27%		
Screening for cervical pre-cancer lesions	73%	27%		
Treatment of cervical pre-cancer lesions	45%	55%		
Diagnosis of cervical cancer	55%	36%		9%
Treatment of cervical cancer	36%	55%		9%
Palliative care of cervical cancer	36%	45%	18%	
Global (n=91)				
Human papillomavirus vaccination programme	74%	12%	13%	1%
Screening for cervical pre-cancer lesions	79%	21%		
Treatment of cervical pre-cancer lesions	73%	26%	1%	
Diagnosis of cervical cancer	68%	30%		2%
Treatment of cervical cancer	65%	32%	1%	2%
Palliative care of cervical cancer	60%	30%	4%	5%

91 Member States reported on this (2023 WHO SRMNCAH policy survey (RH_24_a to RH_24_f)). As only six countries from the WHO Eastern Mediterranean Region reported on this, regional averages would not have been representative and so were not presented separately. The responses from these six countries are included the global averages.

Table A3.29. Provisions for non-discrimination against selected criteria/groups included in laws/policies/guidelines on sexual health, by WHO region, as reported in 2023 WHO SRMNCAH policy survey

	Yes	No	Unknown
AFR (n=37)			
Sexual orientation	51%	32%	16%
Gender identity	65%	22%	14%
Disability	84%	11%	5%
Commercial sex workers	70%	19%	11%
AMR (n=24)			
Sexual orientation	88%	8%	4%
Gender identity	92%	8%	
Disability	92%	4%	4%
Commercial sex workers	88%	13%	
SEAR (n=10)			
Sexual orientation	90%	10%	
Gender identity	80%	20%	
Disability	80%	20%	
Commercial sex workers	80%	20%	
WPR (n=11)			
Sexual orientation	64%	27%	9%
Gender identity	73%	27%	
Disability	73%	27%	
Commercial sex workers	36%	45%	18%
Global (n=90)			
Sexual orientation	68%	22%	10%
Gender identity	74%	19%	7%
Disability	83%	12%	4%
Commercial sex workers	71%	21%	8%

90 Member States reported on this (2023 survey: RH_32_a to RH_32_d). As only four countries from the WHO Eastern Mediterranean Region reported on this, regional averages would not have been representative and so were not presented separately. The responses from these four countries are included the global averages.

Table A3.30. Existence of policies/laws that prohibit various actions, behaviours, or relationships, by WHO region, as reported in 2023 WHO SRMNCAH policy survey

	Yes	No	Unknown
AFR (n=37)			
Female genital mutilation	59%	30%	11%
Virginity testing	8%	59%	32%
Sex selection	11%	62%	27%
Same-sex relationships or behaviours	38%	43%	19%
Early/forced marriage	78%	16%	5%
AMR (n=24)			
Female genital mutilation	25%	54%	21%
Virginity testing	21%	63%	17%
Sex selection	13%	67%	21%
Same-sex relationships or behaviours	13%	71%	17%
Early/forced marriage	58%	25%	17%
SEAR (n=10)			
Female genital mutilation	30%	50%	20%
Virginity testing	20%	60%	20%
Sex selection	30%	50%	20%
Same-sex relationships or behaviours	40%	50%	10%
Early/forced marriage	80%	10%	10%
WPR (n=11)			
Female genital mutilation	18%	45%	36%
Virginity testing	9%	55%	36%
Sex selection	18%	55%	27%
Same-sex relationships or behaviours	18%	64%	18%
Early/forced marriage	45%	36%	18%
Global (n=90)			
Female genital mutilation	42%	41%	17%
Virginity testing	14%	60%	26%
Sex selection	16%	62%	22%
Same-sex relationships or behaviours	29%	56%	16%
Early/forced marriage	69%	21%	10%

90 Member States reported on this (2023 survey: RH_33_a to RH_33_e). As only four countries from the WHO Eastern Mediterranean Region reported on this, regional averages would not have been representative and so were not presented separately. The responses from these four countries are included the global averages.

Table A3.31. Specified health services to be provided free of charge in public sector for women of reproductive age per national policy, as reported in the 2023 WHO SRMNCAH policy survey

	Yes, for all women	Yes, for other selected population groups	Yes, only for women over age 18	No	Service not available	Unknown
AFR (n=44)						
Family planning	70%	5%	0%	25%	0%	0%
Testing and treatment for STIs	48%	11%	0%	39%	0%	2%
Infertility management	18%	2%	5%	66%	7%	2%
AMR (n=26)						
Family planning	85%	4%	0%	8%	4%	0%
Testing and treatment for STIs	81%	8%	0%	12%	0%	0%
Infertility management	38%	8%	0%	35%	4%	15%
EMR (n=14)						
Family planning	71%	21%	0%	7%	0%	0%
Testing and treatment for STIs	36%	36%	0%	29%	0%	0%
Infertility management	7%	29%	0%	57%	7%	0%
SEAR (n=11)						
Family planning	82%	18%	0%	0%	0%	0%
Testing and treatment for STIs	100%	0%	0%	0%	0%	0%
Infertility management	45%	27%	0%	27%	0%	0%
WPR (n=14)						
Family planning	50%	43%	0%	0%	0%	7%
Testing and treatment for STIs	50%	43%	0%	7%	0%	0%
Infertility management	21%	29%	0%	29%	7%	14%
Global (n=115)						
Family planning	73%	13%	0%	12%	1%	1%
Testing and treatment for STIs	59%	17%	0%	23%	1%	1%
Infertility management	25%	13%	3%	47%	6%	6%

115 Member States reported on this (2023 survey: CC_22_a, CC_22_g, CC_22_h).

STI: sexually transmitted infection.

Table A3.32. Availability of a national health policy that includes violence against women, by WHO region

Region	Yes	Not found
AFR (n=47)	81%	19%
AMR (n=36)	86%	14%
EMR (n=22)	18%	82%
EUR (n=53)	40%	60%
SEAR (n=11)	82%	18%
WPR (n=31)	45%	55%
Global (n=200)	**59%**	**42%**

Table A3.33. Availability of a national health policy specifying violence against women as a strategic priority, by WHO region

Region	Yes	No	No health policy found	Unknown – translation not available/usable
AFR (n=47)	49%	32%	19%	
AMR (n=36)	67%	19%	14%	
EMR (n=22)	9%	9%	82%	
EUR (n=53)	17%	21%	60%	2%
SEAR (n=11)	64%	9%	18%	9%
WPR (n=31)	35%	10%	55%	
Global (n=200)	**38%**	**20%**	**42%**	**1%**

Table A3.34. Availability of a multisectoral violence against women prevention and response policy, by WHO region

Region	Yes	Not found
AFR (n=47)	87%	13%
AMR (n=36)	80%	20%
EMR (n=22)	67%	33%
EUR (n=53)	87%	13%
SEAR (n=11)	82%	18%
WPR (n=31)	76%	24%
Global (n=200)	**81%**	**19%**

Table A3.35. Availability of health sector violence policies (violence against women clinical guidelines), by WHO region

Region	Yes	Not found
AFR (n=47)	49%	51%
AMR (n=36)	61%	39%
EMR (n=22)	59%	41%
EUR (n=53)	47%	53%
SEAR (n=11)	91%	9%
WPR (n=31)	35%	65%
Global (n=200)	**52%**	**48%**

Table A3.36. Percentage of countries that include mandatory reporting of violence against women by health providers in their available policies (not recommended), by WHO region

Region	No, not included	Yes, included	Not specified	Unclear	Unknown – translation not available/ usable	Varies with jurisdiction
AFR (n=46)	30%	17%	46%	4%	-	2%
AMR (n=35)	14%	40%	46%	-	-	-
EMR (n=18)	28%	44%	22%	6%	-	-
EUR (n=50)	6%	30%	54%	4%	6%	-
SEAR (n=10)	30%	40%	10%	10%	10%	-
WPR (n=24)	21%	13%	54%	4%	8%	-
Global (n=183)	**19%**	**28%**	**45%**	**4%**	**3%**	**1%**

Table A3.37. Percentage of countries that include violence against women survivors' right to privacy in practice, right to privacy as a principle, or both in their available policies, by WHO region

Region	Privacy in principle and practice included	Privacy in practice only included	Privacy as a principle only included	Not specified	Unknown – translation not available/ usable	Unknown – translation not available/ usable
AFR (n=46)	59%	9%	4%	28%	-	
AMR (n=35)	54%	3%	11%	31%	-	
EMR (n=18)	67%	6%	6%	22%	-	
EUR (n=50)	16%	16%	12%	48%	8%	2%
SEAR (n=10)	70%	20%	10%	-	-	9%
WPR (n=24)	50%	8%	8%	29%	4%	
Global (n=183)	**46%**	**10%**	**9%**	**32%**	**3%**	**1%**

Note that the columns in this table are mutually exclusive; in other words, each country is only represented in one column.

Table A3.38. Percentage of countries that include clinical inquiry to identify intimate partner violence in their available policies (recommended), by WHO region

Region	Yes, included	Not specified	No, not included	Unclear	Unknown – translation not available/ usable
AFR (n=46)	35%	63%	2%	-	-
AMR (n=35)	23%	74%	-	3%	-
EMR (n=18)	39%	61%	-	-	-
EUR (n=50)	24%	66%	-	2%	8%
SEAR (n=10)	80%	10%	-	-	10%
WPR (n=24)	38%	58%	-	-	4%
Global (n=183)	**33%**	**62%**	**1%**	**1%**	**3%**

Table A3.39. Percentage of countries that include universal screening to identify intimate partner violence in their available policies (not recommended), by WHO region

Region	Yes, included	Not specified	No, not included	Unclear	Unknown – translation not available/ usable
AFR (n=46)	15%	11%	74%		
AMR (n=35)	14%	14%	66%	6%	
EMR (n=18)	33%	22%	39%	6%	
EUR (n=50)	4%	12%	72%	2%	10%
SEAR (n=10)	50%	10%	30%		10%
WPR (n=24)	17%	4%	71%		8%
Global (n=183)	**16%**	**12%**	**66%**	**2%**	**4%**

Table A3.40. Percentage of countries that include first-line support for violence against women in their available health policies WHO region

Region	Yes, included	Not specified	Unclear	Unknown – translation not available/usable
AFR (n=46)	87%	13%		
AMR (n=35)	86%	14%		
EMR (n=18)	94%	6%		
EUR (n=50)	60%	34%	2%	4%
SEAR (n=10)	100%			
WPR (n=24)	75%	25%		
Global (n=183)	**79%**	**19%**	**1%**	**1%**

Table A3.41. Percentage of countries that include mental health assessment and/or referral to specialist services in their available policies, by WHO region

Region	Both mental health assessment and referral included	Mental health assessment only included	Mental health referral only included	Not specified	Unknown – translation not available/ usable	Other
AFR (n=46)	54%	-	7%	39%	-	-
AMR (n=35)	49%	6%	11%	34%	-	-
EMR (n=18)	72%	-	17%	11%	-	-
EUR (n=50)	22%	10%	8%	50%	8%	2%
SEAR (n=10)	90%	10%	-	-	-	-
WPR (n=24)	42%	8%	8%	38%	4%	-
Global (n=183)	**46%**	**5%**	**9%**	**36%**	**3%**	**1%**

Note that the columns in this table are mutually exclusive; in other words, each country is only represented in one column.

Table A3.42. Percentage of countries that make reference to mental health treatment in their available policies, by WHO region

Region	Yes, included	Not specified	Unclear	Unknown – translation not available/usable
AFR (n=46)	67%	33%	-	-
AMR (n=35)	71%	29%	-	-
EMR (n=18)	72%	28%	-	-
EUR (n=50)	38%	50%	4%	8%
SEAR (n=10)	90%	10%	-	-
WPR (n=24)	42%	54%	-	4%
Global (n=183)	**58%**	**38%**	**1%**	**3%**

Table A3.43. Percentage of countries that recognize that adolescent girls and/or young women are a population disproportionately affected by violence against women in their available national plan, policy, or protocol, by WHO region

Region	Yes, included	Not specified	Unclear	Unknown – translation not available/usable
AFR (n=46)	65%	35%	-	-
AMR (n=35)	63%	37%	-	-
EMR (n=18)	11%	89%	-	-
EUR (n=50)	24%	60%	4%	12%
SEAR (n=10)	40%	40%	-	20%
WPR (n=24)	29%	63%	-	8%
Global (n=183)	**42%**	**51%**	**1%**	**5%**

Table A3.44. Percentage of countries that state how services should be specific to the needs of adolescent girls and young women in their available policies, by WHO region

Region	Yes, included	Not specified	Unclear	Unknown – translation not available/ usable	Varies with jurisdiction
AFR (n=46)	50%	50%	-	-	-
AMR (n=35)	40%	60%	-	-	-
EMR (n=18)	56%	44%	-	-	-
EUR (n=50)	18%	68%	2%	10%	2%
SEAR (n=10)	60%	20%	-	20%	-
WPR (n=24)	29%	67%	-	4%	-
Global (n=183)	**38%**	**57%**	**1%**	**4%**	**1%**

Table A3.45. Percentage of countries that recognize the high risk of violence faced by adolescent girls and young women and include specific services for them in their policies, by WHO region

Region	Population recognized and differentiated services included in policy	Population recognized in policy only	Differentiated services for population in policy only	Not specified	Unknown - translation not available/ usable	Other	Total
AFR (n=46)	39%	26%	11%	24%			100%
AMR (n=35)	34%	29%	6%	31%			100%
EMR (n=18)	11%		44%	44%			100%
EUR (n=50)	8%	16%	10%	50%	10%	6%	100%
SEAR (n=10)	40%		20%	20%	20%		100%
WPR (n=24)	17%	13%	13%	54%	4%		100%
Global (n=183)	**24%**	**18%**	**14%**	**38%**	**4%**	**2%**	**100%**

Annex 4. Countries, territories, areas that completed the 2023 WHO SRMNCAH policy survey

Table A4.1. Countries, territories, areas that completed the 2023 WHO SRMNCAH policy survey by WHO region

African Region			
Angola	Democratic Republic of the Congo	Madagascar	Senegal
Benin	Equatorial Guinea	Malawi	Seychelles
Botswana	Eswatini	Mali	Sierra Leone
Burkina Faso	Ethiopia	Mauritania	South Africa
Burundi	Gabon	Mauritius	South Sudan
Cabo Verde	Ghana	Mozambique	Togo
Cameroon	Guinea	Namibia	Uganda
Central African Republic	Guinea-Bissau	Niger	United Republic of Tanzania
Chad	Kenya	Nigeria	Zambia
Comoros	Lesotho	Rwanda	Zimbabwe
Congo	Liberia	Sao Tome and Principe	
Côte d'Ivoire			
Region of the Americas			
Antigua and Barbuda	Chile	Grenada	Panama
Argentina	Colombia	Guatemala	Paraguay
Bahamas	Costa Rica	Guyana	Peru
Belize	Cuba	Haiti	Saint Lucia
Bermuda[a]	Dominica	Honduras	Suriname
Bolivia (Plurinational State of)	Ecuador	Mexico	Uruguay
Brazil	El Salvador	Nicaragua	

Table A4.1 (continued). Countries, territories, areas that completed the 2023 WHO SRMNCAH policy survey by WHO region

Eastern Mediterranean Region	
Afghanistan	occupied Palestinian territory[a]
Djibouti	Pakistan
Egypt	Somalia
Iraq	Sudan
Jordan	Syrian Arab Republic
Lebanon	United Arab Emirates
Morocco	Yemen
Oman	
European Region	
Albania	Republic of Moldova
Belarus	Tajikistan
North Macedonia	Uzbekistan
South-East Asia Region	
Bangladesh	Maldives
Bhutan	Myanmar
Democratic People's Republic of Korea	Nepal
India	Sri Lanka
Indonesia	Thailand
	Timor-Leste
Western Pacific Region	
Australia	Malaysia
Brunei Darussalam	Mongolia
Cambodia	New Caledonia[a]
China	Papua New Guinea
China, Hong Kong Special Administrative Region[a]	Philippines
China, Macao Special Administrative Region[a]	Singapore
Cook Islands	Solomon Islands
Lao People's Democratic Republic	Tokelau[a]
	Vanuatu
	Viet Nam

[a] Completed the survey but was not included in the analyses within this report, which are limited to WHO Member States. Supplemental reports or analyses produced by WHO regional offices may include data from respondents that are not Member States.

Table A4.2. Countries, territories, areas that completed the 2023 WHO SRMNCAH policy survey by World Bank income

Classifications based on World Bank country income classifications as of November 2023.

Low income			
Afghanistan	Democratic Republic of the Congo	Mali	South Sudan
Burkina Faso	Ethiopia	Mozambique	Sudan
Burundi	Guinea-Bissau	Niger	Syrian Arab Republic
Central African Republic	Liberia	Rwanda	Togo
Chad	Madagascar	Sierra Leone	Uganda
Democratic People's Republic of Korea	Malawi	Somalia	Yemen
Lower middle income			
Angola	Egypt	Mauritania	Solomon Islands
Bangladesh	Eswatini	Mongolia	Sri Lanka
Benin	Ghana	Morocco	Tajikistan
Bhutan	Guinea	Myanmar	Timor-Leste
Bolivia (Plurinational State of)	Haiti	Nepal	United Republic of Tanzania
Cabo Verde	Honduras	Nicaragua	Uzbekistan
Cambodia	India	Nigeria	Vanuatu
Cameroon	Jordan	Pakistan	Viet Nam
Comoros	Kenya	Papua New Guinea	Zambia
Congo	Lao People's Democratic Republic	Philippines	Zimbabwe
Côte d'Ivoire	Lebanon	Sao Tome and Principe	
Djibouti	Lesotho	Senegal	
Upper middle income			
Albania	Cuba	Iraq	Paraguay
Argentina	Dominica	Malaysia	Peru
Belarus	Ecuador	Maldives	Republic of Moldova
Belize	El Salvador	Mauritius	Saint Lucia
Botswana	Equatorial Guinea	Mexico	South Africa
Brazil	Gabon	Namibia	Suriname
China	Grenada	North Macedonia	Thailand
Colombia	Guatemala	occupied Palestinian territory[a]	
Costa Rica	Indonesia		
High income			
Antigua and Barbuda	China, Hong Kong Special Administrative Region[a]	Oman	
Australia	China, Macao Special Administrative Region[a]	Panama	
Bahamas	Guyana	Seychelles	
Bermuda[a]	New Caledonia[a]	Singapore	
Brunei Darussalam		United Arab Emirates	
Chile		Uruguay	

[a] Completed the survey but not included in the analyses within this report, which are limited to WHO Member States. Supplemental reports or analyses produced by WHO regional offices may include data from respondents that are not Member States.

Cook Islands and Tokelau responded to the survey but were not assigned a World Bank income group classification as of November 2023 and have therefore not been included here.

Department of Maternal, Newborn, Child and Adolescent Health and Ageing

Department of Sexual and Reproductive Health and Research

World Health Organization
20 Avenue Appia
1211 Geneva 27
Switzerland

www.who.int