### Multisector progress

**TO ADDRESS CRUCIAL HEALTH DETERMINANTS**

Since 1990 around 50% of the gains in child mortality reduction in LMICs resulted from investments in the health sector, the remaining 50% from health-enhancing investments in other sectors. Similar results are indicated from reductions in maternal mortality.

**Health sector investments:**
Aligned with the Global Investment Framework for Women’s and Children’s Health, high-impact health investments include:

- **Immunization and other child health interventions:** Many fast-track countries achieved over 90% immunization coverage.
- **Maternal and newborn health:** Institutional births reached 85.9% in Peru in 2012.
- **Health systems strengthening:** In China 30,000 grassroots health workers have been trained as GPs.

**Health-enhancing investments in other sectors:**

- **Education:** Viet Nam achieved universal primary enrolment in 2000 with gender parity.
- **Population dynamics:** In Lao PDR the Total Fertility Rate reduced from 6.1 in 1990 to 3 in 2012.
- **Environmental management:** Egypt met its MDG target to increase sustainable access to safe drinking-water and basic sanitation.

- **Reducing poverty and income inequalities:** Cambodia reduced poverty by 60% across all populations, 2004 to 2011.
- **Women’s political and socioeconomic participation:** In Rwanda, 64% of parliamentarians are women.
- **Good governance and economic growth** underpin progress.

### Leadership and evidence-based strategies

**TO MAXIMIZE HEALTH OUTCOMES**

Mobilize leadership and partnerships across society:

- In Bangladesh NGOs and the private sector support the government in providing and improving access to health services.
- Partnerships with communities are a key feature in many fast-track countries, including in Nepal.

Use robust, timely evidence for decision-making and accountability:

- In Ethiopia scorecards based on health management information systems are used to promote accountability and encourage action.

Adopt a triple planning approach—

- Towards urgent health needs, while also adapting long-term vision, and
- Adapt quickly to change:

- Rwanda deployed community health workers and volunteers for urgent health needs, while also investing in a long term vision to build its professional health workforce. Fast-track countries also adapt their strategies to sustain progress.

### Political vision and guiding principles

**TO ALIGN ACTION AND ORIENT PROGRESS**

Fast-track countries are charting their own destiny. They mobilise national and international resources and employ guiding principles to achieve their countries’ vision for health and development.

#### Examples of guiding principles and philosophies:

- **Human rights-based principles:** In Nepal many government strategies and policies related to safer motherhood, neonatal health, nutrition and gender anchored in the principles of human rights. Lao PDR has long put in place policies and programmes to improve women’s rights and participation at all levels of society.

- **Development effectiveness principles:** In many fast-track countries government interaction with health and development partners is defined by principles of national leadership and alignment of partners with country priorities.

- **Political systems and economic development models:** China’s adaptation of a market economy model to try and harmonize health, social and sustainable development issues.

- **Countries are continually defining and testing guiding principles to evaluate their impact and identify those that stand the test of time.**

**MAIN PUBLICATIONS**


These and other publications are available on the Success Factors website: [http://www.who.int/pmnch/knowledge/publications/successfactors/en/](http://www.who.int/pmnch/knowledge/publications/successfactors/en/)
## Success Factors for Women’s and Children’s Health: Highlights from 10 fast-track countries

### 10 FAST-TRACK COUNTRIES: SUMMARY STATISTICS

Ten low- and middle-income “fast-track” countries (LMICs) have seen significant progress in their efforts to save the lives of women and children. They invested in high-impact health interventions such as quality care at birth, immunization and family planning. They also made significant progress across multiple health-enhancing sectors, including for education, women’s political and economic participation, access to clean water and sanitation, poverty reduction and economic growth. Good governance and partnerships across society underpinned progress overall. These are some summary statistics that set the stage for the policy and programme highlights discussed in this publication.

<table>
<thead>
<tr>
<th>Bangladesh</th>
<th>Lao PDR</th>
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<tbody>
<tr>
<td>• Reduced under-five mortality by 65% from 151 to 53 per 1000 live births between 1990 and 2011</td>
<td>• Reduced under-five child mortality rates by 56% between 1990 and 2012 from 163 to 71 per 1000 live births</td>
</tr>
<tr>
<td>• Decreased maternal mortality by 66% from 574 to 194 per 100 000 live births between 1990 and 2010</td>
<td>• Maternal mortality fell annually by 6.8% from 1990 to 2013, from 1100 to 220 per 100 000 live births</td>
</tr>
<tr>
<td>• Increased immunization coverage from 2% in 1985 to 82% in 2010</td>
<td>• Achieved close to universal primary education for girls from 54% in 1992 to 95% in 2012</td>
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<td>• Under-five birth registration increased from 10% in 2006 to more than 50% in 2009 through the use of information and communication technologies</td>
<td>• Increased access to clean water to all population groups from 40% in 1994 to 70% in 2011</td>
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<tr>
<th>Cambodia</th>
<th>Nepal</th>
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<tr>
<td>• Reduced the under-five mortality rate by 57% between 1995 and 2010 from 127 to 54 per 1000 live births</td>
<td>• Reduced under-five mortality by 66% from 162 to 54 per 1000 live births between 1991 and 2011</td>
</tr>
<tr>
<td>• Reduced maternal mortality annually by 5.8% between 1990 and 2010 from 830 to 206 per 100 000 live births</td>
<td>• Decreased maternal mortality by 80% from 850 to 170 per 100 000 live births between 1991 and 2011</td>
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<tr>
<td>• Increased the proportion of women delivering with a skilled birth attendant and at health facilities from 32% in 2000 to 71% in 2010</td>
<td>• Reduced the total fertility rate from 5.3 in 1991 to 2.6 in 2011</td>
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<tr>
<td>• Increased economic growth dramatically, growing per capita GDP by 54.5% between 2004 and 2011</td>
<td>• An interim constitution developed in 2007 guarantees the right to free basic health care services and establishes health as a fundamental right of every person</td>
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<tr>
<th>China</th>
<th>Peru</th>
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<tr>
<td>• Decreased under-five mortality by 80% from 61 to 12 per 1000 births between 1991 and 2013</td>
<td>• Decreased under-five mortality by over 70% from 78 to 21 per 1000 live births between 1991 and 2013</td>
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<tr>
<td>• Decreased maternal mortality by 71% from 80 to 23 per 100 000 live births between 1991 and 2013</td>
<td>• Decreased the rate of maternal mortality by 65% from 265 to 93 per 100 000 live births between 1991 and 2013</td>
</tr>
<tr>
<td>• Strengthened the health workforce with over 30 000 community workers trained as general practitioners</td>
<td>• Institutional births reached 85.9% in 2012 from 76% in 2007</td>
</tr>
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<td>• Increased access to improved water sources from 86.7% in 1995 to 94.2% in 2011 in the rural population and access to improved sanitation facilities from 40.3% to 69% between 2000 and 2011</td>
<td>• Chronic malnutrition in children under five declined from 27% to 17% between 2007 and 2013</td>
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<tr>
<th>Egypt</th>
<th>Rwanda</th>
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<tbody>
<tr>
<td>• Decreased under-five mortality by 75% between 1990 and 2012 from 85 to 21 per 1000 live births</td>
<td>• Achieved under-five mortality reduction of 50% between 1992 and 2010 from 151 to 76 per 1000 live births</td>
</tr>
<tr>
<td>• Decreased maternal mortality by 69% between 1992 and 2012 from 174 to 54 per 100 000 births</td>
<td>• Reduced maternal mortality by 22% from 611 to 476 per 100 000 births between 1992 and 2010 (and by 55% from 2000 to 2010 from an increase to 1071 to 476 per 100 000 live births)</td>
</tr>
<tr>
<td>• Increased the youth literacy rate from 73% in 1996 to 86% in 2007, alongside a primary education completion rate of 98% in 2011</td>
<td>• Increased coverage of skilled birth attendance from 31% in 2000 to 69% in 2010</td>
</tr>
<tr>
<td>• Increased access to improved water sources from 93% in 1990 to 99% in 2011 and access to improved sanitation facilities from 72% to 95%</td>
<td>• In 2013, women constituted 64% of parliamentarians, the highest % in the world</td>
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<th>Ethiopia</th>
<th>Viet Nam</th>
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<tr>
<td>• Reduced under-five mortality by 47% between 2000 and 2011 to from 166 to 88 per 1000 live births</td>
<td>• Reduced under-five mortality by 60% from 58 to 23.2 per 1000 live births between 1990 and 2012</td>
</tr>
<tr>
<td>• Although Ethiopia still has one of the highest maternal mortality rates in Africa it has reduced by 22% from 871 in 2000 to 676 per 100 000 live births in 2011</td>
<td>• Reduced maternal mortality by 70% from 233 to 69 per 1000 live births from 1990 to 2009</td>
</tr>
<tr>
<td>• Expanded community-based primary care for women and children through the deployment of close to 40 000 Health Extension Workers</td>
<td>• Increased coverage of births attended by trained health workers from 77% in 1997 to 98% in 2012</td>
</tr>
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<td>• Achieved near parity in school attendance by 2008/09: at 90.7% for girls and 96.7% for boys from 20.4% and 31.7% respectively in 1994/1995</td>
<td>• Stunting prevalence dropped from close to 40% in 1999 to 25.9% in 2013</td>
</tr>
</tbody>
</table>

Sources for all statistics are official national data, and international data, as agreed at country multistakeholder policy reviews.


Available at: http://www.who.int/pmnch/knowledge/publications/successfactors/en/index2.html