Department of
Making Pregnancy Safer

World Health
Organization

Report

Meeting of Development Partners: Maternal and Newborn Health with a focus on country implementation

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BACKGROUND

The Stockholm meeting on 21–22 June 2006, organized by WHO's Department of Making Pregnancy Safer (MPS) and the Swedish International Development Cooperation Agency (SIDA), aimed at exploring better ways of co-ordinating Partner's efforts and support to Member countries to implement evidence-based, cost-effective interventions and accelerate progress in achieving the Millennium Development Goals 4, 5 and 6 related to maternal and newborn health and survival.

Participants included: six high-level national representatives from Angola, India, Malawi, Mali, the Philippines and Sudan; representatives from bilateral agencies in Australia, Canada, Finland, France, Germany, Japan, the Netherlands, Norway, Sweden, the United Kingdom Department for International Development (DFID) and the United States Agency for International Development (USAID); and representatives from the World Bank, the African Development Bank, United Nations Population Fund (UNFPA), the Partnership on Maternal, Newborn and Child Health (PMNCH) and WHO regional offices in the African, European, South-East Asia and the Western Pacific regions. Staff from UNICEF and the Asian Development Bank had expressed their interest to participate but were unable to attend due to unavoidable circumstances.

PROCEEDINGS

The meeting acknowledged the slow progress in improving MNH thus far and emphasized the need for accelerated action, especially in sub-Saharan Africa and South-East Asia with the least progress in reducing maternal and neonatal morbidity and mortality. Of particular importance is the low proportion of deliveries attended by skilled attendants and lack of access to emergency care services in countries with the highest maternal mortality ratios and neonatal mortality. The strong link between poverty and maternal deaths was noted with a call for an end to policies that condone poor health options for poor people. The increasing contribution of HIV and malaria to maternal and newborn morbidity and mortality was also well recognized. A commitment to working towards sectoral approach, which includes country ownership, multidonor funding, implementation of the Paris Agenda, and harmonization and alignment was emphasized.

PRESENTATIONS

Day One: Wednesday, 21 June 2006

Dr Anders Molin of SIDA welcomed participants to Stockholm and jump-started the meeting by highlighting four key areas in the SIDA policy framework on maternal and newborn health. Dr Molin underscored maternal and newborn health issues in relation to sexual and reproductive rights, poverty, micro-economic growth and abortion and family planning, particularly for youth. He highlighted the International Conference on Population and Development (ICPD) plan of action as a good tool for countries to ensure that mothers and their newborns are guaranteed their human right to health.

Dr Monir Islam from the Department of Making Pregnancy Safer (MPS) highlighted the global situation and the Department's efforts in promoting safe motherhood, perinatal and newborn health. He emphasized the urgent need for action, in particular in countries in sub-Saharan Africa and South-East Asia where the burden of mortality is highest, but where limited progress has been made in reducing maternal and neonatal mortality over the past decade. As maternal deaths are more common among poor women, he called for greater attention to the rich–poor divide and for an end to policies that condone inadequate health options for poor people. He highlighted the main determinants for achieving universal coverage:

- recognition of the problem, involvement of individual, family and communities in decision-making and providing support;
- access to skilled care for every birth and referral system to deal with life-threatening complications in a timely and adequate manner; and
- responsiveness of the system in providing timely quality care.

Dr Islam cited recent global health statistics that indicate that the proportion of deliveries attended by skilled attendants in a country is directly related to the maternal mortality ratio, and that maternal and health and survival is linked to newborn mortality and survival. He also emphasized that countries with the highest numbers of maternal deaths also have a high burden of neonatal deaths.

Dr Islam outlined a way forward by indicating the great need to promote evidence-based best practices in maternal and newborn health at the country level. This includes skilled care for every birth and requires the training and support of health professionals with midwifery skills so they are able to provide adequate care during pregnancy and childbirth, including comprehensive obstetric first aid and newborn care. Additionally, improved health system responses to timely

manage maternal and newborn complications are essential. This will only be possible with effective coordination between key players to ensure a conducive policy environment, the availability of skilled human resources, transport, management and supervision, timely and sustained equipment, supplies and life-saving drugs.

Central to Dr Islam's message was the improvement of health system response and quality of services to ensure that the right people are in the right place at the right time. Moreover, policies and activities for skill acquisition and skill retention, employment and deployment, planning, costing, management and supervision, supplies and logistics, transport, demand creation, and monitoring progress are all essential elements of a comprehensive, effective and evidence-based strategy to improve maternal and newborn health.

Malaria and HIV in pregnancies are additional factors having a devastating impact on maternal and newborn health and survival. Dr Islam discussed the impact of HIV and malaria on maternal and newborn survival, as well as the enormous need for an integrated safe motherhood approach.

Moderator Dr Mahmoud Fathalla then introduced country representatives and requested they present the magnitude of the maternal and newborn health problem in their countries, the status of current programmes and their expectations for collaboration from UN agencies and donors.

COUNTRY PRESENTATIONS

The magnitude of the problem, current situation and support needs

Dr Hirondina Esperanca de Armando from **Angola** stressed the urgent need to rebuild human resource capacity and to establish a functional referral system for all pregnant women. The burden of HIV and malaria form key obstacles in achieving the African Roadmap for improving maternal and newborn survival. The Government is working hard to offer a universal package of maternal and newborn interventions that integrates preventive and curative care. Special emphasis is given to increase coverage in communities with difficulty accessing health services.

In **India**, the Government is taking action to develop the patients' welfare community. Dr Himanshu Bhushan elaborated on the accredited social health activities programme (ASHA) that was launched in 2005 to improve coverage of basic care for rural pregnant women and to ensure that they receive timely access to adequate health services. As this initiative requires massive investments in the development of manpower, the Government is looking for further assistance from donors to facilitate the establishment of centres of excellence for master trainers, to personalize health facilities in the In-

dian public health service and to develop quality tools for monitoring deliveries and newborn health.

Malawi has a high maternal mortality ratio of 984 maternal deaths per 100 000 live births (DHS 2004). The Government is working hard to support the implementation of safe motherhood projects across the country. A nationwide assessment on emergency obstetric care found that only 2 out of 94 districts provide basic EmOC functions. Dr Wesley Sangala informed participants that the Government is developing training materials to improve the competencies of Skilled Birth Attendants (SBAs), including for EmOC functions. Efforts are also being made to improve access to and uptake of family planning services. Malawi is in great need of further support for the development and implementation of its national Roadmap for reducing maternal and newborn deaths through increased financial commitments and concerted action to reach coverage.

In **Mali,** the maternal mortality ratio is 582 per 100 000 live births. Apart from a lack of access to standard childbirth care the key areas of concern are access to and availability of emergency obstetric care, including management of postpartum haemorrhage (PPH) and sepsis. There is also a great need to create blood banks in selected health facilities and to renew health facility equipment in order to improve the quality of care for the mother and newborn. Building the technical capacity of health personnel, resource mobilization for strengthening the health infrastructure, advocacy to create awareness and utilization of improved services were cited by Dr Salif Samaké as key activities for partners to join hands.

In the **Philippines**, a high proportion of deliveries (70%) continue to take place in the home. This translates to a great number of women who do not have access to essential obstetric health services. The Government recently developed a reproductive health framework for women's health and safe motherhood that promotes counselling and quality health service delivery for maternal health and family planning. The framework, which is to be integrated into a broader service package, includes information on contraceptives, institutionalized community-based delivery options and interventions for the prevention and control of HIV and malaria in pregnancy. Dr Yolanda E. Oliveros emphasized that the country has made a strategic shift from a risk approach to an integrated community approach to health service delivery–from home delivery to the training of skilled birth attendants.

In the **Sudan,** the maternal mortality ratio is currently 509 per 100 000 births. According to Dr Mohammed Ali Yahia Alabbasi, there are 7000 pregnancy-related deaths per year with the highest death rates in the Darfur region. The rate of female genital mutilation (FGM) in women of reproductive age is extremely high. Additionally, although federal ministers have signed pledges for stronger health commitments to mothers and newborns, health services, including care during pregnancy and childbirth, are still very poor by international standards. The overall coverage of women receiving postpartum care is only 13%. There is an urgent need to strengthen the health system, including outreach services, and to increase a rapid community response to promote best standards of care. Intensified efforts in medical and midwifery training are needed to dramatically improve the access and quality of services for maternal and newborn health.

REPORTS

WHO Regional Offices: Responding to the needs of countries

WHO Regional Office for Africa (AFRO) described the region's maternal mortality ratio in countries in sub-Saharan Africa as among the highest in the world. Maternal mortality has increased from 870 maternal deaths per 100 000 live births in 1990 to 940 per 100 000 live births in 2001. Every 3 minutes, one woman dies due to causes related to pregnancy, childbirth and the postnatal period. An additional 1.12 million newborns die every year in Africa. The main recommendations of WHO Regional Office are to:

- support skilled attendance during pregnancy, childbirth and the postnatal period at all levels of the health care delivery system;
- improve provision of and access to quality MNH care including family planning services;
- strengthen the referral system and district health planning and management of MNH care;
- advocate for increased commitment and resources for MNH;
- promote the household to hospital continuum of

Tajikistan. The WHO Regional Office is working with countries to change policies and to support the adaptation of evidence-based practices. The Region underscored that it is clear the countries cannot depend on donor support only and there needs to be a common programme at the country level through UN reform programmes that include the division of labour and a plan forward on how to mobilize resources and maximize benefits for countries.

WHO Regional Office for South-East Asia (SEARO) highlighted skilled care through the continuum of care approach. Member States have adopted the regional resolution SEA/RC58/R2, which puts greater focus on human resources for MNH, quality of MNH services and equity issues – reaching the unreachable population groups – poor, marginalized sections, adolescents and children. SEARO currently responds to country needs by addressing strategic issues, i.e. long-term plan on human resources for MNH to provide technical assistance to priority countries on skilled birth attendants (country with proportion of births assisted by SBA less than 50%): Bangladesh