

Report on the

WHO-EM/WRH/098/E

# Meeting of national maternal, neonatal and child health programme managers: addressing the main causes of maternal, neonatal and child mortality

Amman, Jordan  
29 March–2 April 2015



World Health  
Organization

Regional Office for the Eastern Mediterranean

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## 1. INTRODUCTION

A meeting of national maternal, neonatal and child health programme managers addressing the main causes of maternal, neonatal and child mortality in the World Health Organization (WHO) Eastern Mediterranean Region was held in Amman, Jordan, from 29 March to 2 April 2015 (for the programme see Annex 1). The meeting was jointly organized by the WHO Regional Office for the Eastern Mediterranean, United Nations Children's Fund (UNICEF) Regional Office for the Middle East and North Africa, and United Nations Population Fund (UNFPA) Regional Office for the Arab States. It was attended by 130 participants from 19 countries of the Eastern Mediterranean Region, plus Algeria, together with experts from national and international organizations, and WHO, UNICEF and UNFPA staff members from headquarters, regional and country offices (for the list of participants see Annex 2).

The objectives of the meeting were to:

- update programme managers from countries on addressing the main causes of maternal, neonatal and child deaths using cost-effective interventions;
- review progress achieved in the implementation of maternal and child health plans in countries, determine enabling and disabling factors affecting the implementation of these plans, and identify priority actions for 2015;
- identify country policy and programme gaps in order to facilitate the implementation of evidence-based interventions to prevent the main causes of maternal, neonatal and child deaths;
- identify strategic directions for the post-2015 agenda; and
- agree on how to integrate mental health within existing maternal and child health services.

The meeting was inaugurated by Dr Ala Alwan, WHO Regional Director for the Eastern Mediterranean, Mr Mohamed Abdel Ahad, UNFPA Regional Director for the Arab States, Dr Hussain Moazzem, Regional Chief of Child Survival and Development, UNICEF, on behalf of the UNICEF Regional Director for the Middle East and North Africa and Dr Deifallah Al-Lozi, Secretary General, Ministry of Health, Jordan.

Mr Abdel Ahad highlighted the critical role of senior national policy-makers in programme support and implementation. He noted that this leadership entails the political will, commitment and skill required to mobilize and allocate financial resources for maternal, newborn, child and adolescent health as a key public health development issue. He further highlighted the significance of family planning, skilled birth attendants and health system strengthening in improving reproductive, maternal and newborn health.

Dr Hussain Moazzem, Regional Chief of Child Survival and Development, UNICEF Regional Office for the Middle East and North Africa noted the "A Promise Renewed" global initiative that had been integrated into the regional initiative on saving the lives of mothers and children. Dr Moazzem emphasized the need to strengthen bottleneck analysis of the low coverage of key cost-effective interventions that were feasible but were being neglected.

Dr Deifallah Al-Lozi, Secretary General, Ministry of Health, Jordan, highlighted the progress that had been made in reducing maternal, neonatal and child mortality in the country. Dr Al-Lozi pointed to the importance of community awareness and family empowerment, and listed the achievements of the Ministry of Health with regard to improving health services for women and children in Jordan. He also added that maternal and child health services were being delivered by skilled health personnel within the framework of national health insurance.

Dr Ala Alwan, WHO Regional Director for the Eastern Mediterranean, acknowledged the progress made in reducing maternal and child mortality in the Region. He referred to the regional initiative on “Saving the lives of mothers and children in the Eastern Mediterranean Region” and urged participants to outline the main strategic directions for each country to further reduce maternal, neonatal and child mortality within the context of the post-2015 agenda and the Sustainable Development Goals. He added that these strategic directions would be the basis for establishing national reproductive, maternal, neonatal and child health plans for the period 2016–2020.

All speakers in the opening session highlighted the importance of the adoption and implementation of cost-effective, evidence-based, scalable and life-saving maternal, neonatal and child health interventions by countries at primary and secondary health care levels, with community involvement, and the need for WHO, UNICEF and UNFPA to work together, and closely with other partners, to support countries in investing for safer and better maternal, neonatal and child health outcomes.

In preparation for the meeting a reproductive, maternal, newborn and child health situation analysis was undertaken at the regional and country levels. A desk review was conducted on evidence-based, cost-effective and life-saving interventions that have a high impact on maternal, neonatal and child health outcomes, and an in depth analysis of maternal and child health acceleration plans (2013–2015) done to assess implementation, gaps and bottlenecks hindering the implementation of interventions. An integrated reproductive, maternal, newborn and child health survey was developed and conducted to assess the use of evidence-based, cost-effective and life-saving interventions to achieve Millennium Development Goals (MDGs) 4 and 5. The survey included preconception care services.

Furthermore, a regional assessment on human resources for maternal and child health in the nine MDG priority countries was conducted addressing the current situation, gaps and challenges, and future directions. The focus of the assessment was on regulations, production, distribution and capacity-building. Regional reproductive, maternal, newborn and child health assessment tools for quality improvement and infection control were also developed. Seven maternal and child health high-burden countries implemented the infection control assessment tools. In addition, a regional gap assessment was conducted in the nine priority countries in line with the Every Newborn Action Plan.

The outcomes of the group work on country priority actions for 2015, strategic directions for post 2015, and country-specific strategic directions for improving maternal, newborn and child health are presented in Annexes 3, 4 and 5.

## **2. TECHNICAL PRESENTATIONS AND DISCUSSIONS**

### **2.1 Neonatal health**

Every day around 1080 neonatal deaths occur in the Region. Neonatal deaths constitute 47% of deaths in children under-five. However, the neonatal mortality rate was reduced by 35% during 1990–2013. The major causes of neonatal death in the Region are prematurity 34%, intrapartum complications 24%, sepsis 17% and congenital disorders 10%. Coverage of evidence-based interventions for neonatal survival is still low in the Region and varies between and within countries.

Prior to the meeting, a survey was conducted on the implementation of WHO guidelines on low cost, evidence-based, effective interventions for maternal, newborn, child and adolescent health. Key policies for neonatal health such as “kangaroo” mother care, antenatal corticosteroids and use of chlorhexidine for umbilical care are still not adopted and/or implemented in some countries in the Region: 80% of countries who responded had a policy for administration of antenatal corticosteroids for prematurity, while about 60% implement the policy; only 7 out of 11 countries implement kangaroo mother care in the field (63%); and a chlorhexidine policy is implemented in 3 out of 11 countries (27%). Even when policies are adopted, consistency and coverage are still major issues.

Reduction in neonatal mortality will significantly accelerate decreasing under-five mortality. However, the rate of reduction of neonatal mortality in the Region lags behind the reduction in under-five mortality. Coverage of key evidence-based interventions is still very low, particularly in the high burden countries. The Every Newborn Action Plan provides a good platform for Member States to mainstream neonatal health interventions with clear goals and targets.

### **2.2 Maternal health**

In the Region, more than 80 mothers die unnecessarily every day. In 2013, 26 000 maternal deaths took place; 95% of these deaths occurred in nine high burden countries. The maternal mortality ratio fell by 50% between 1990 and 2013. The major causes of maternal death in the Region are: haemorrhage (25%), hypertension (12%), sepsis (13%), abortion (13%), obstructed labour (8%) and indirect causes (9%). Although there are WHO recommended evidence-based interventions addressing the major causes of maternal death, most of these interventions are not well implemented in countries.

Prior to the meeting, a survey was conducted on the implementation of WHO guidelines on low cost, evidence-based, effective interventions for maternal, newborn, child and adolescent health. The survey found that most of the recommended WHO interventions were not well implemented. The major findings of the survey regarding maternal health were as follows.

- Postpartum haemorrhage: all 15 countries who responded had policy on and implemented iron and folic acid supplementation programmes, late cord clamping (after 1–3 minutes), oxytocin, acute management of third stage of labour and surgical

measures for management of postpartum haemorrhage. However, only three countries had used misoprostol in home deliveries.

- The coverage of caesarean section ranged 5%–52% (n = 14), oxytocin 70%–80% (n = 14), misoprostol 50%–90% (n = 6) and acute management of third stage of labour 50%–100% (n = 14).
- Eclampsia: all responding 15 countries had policy on and implemented magnesium sulfate management programmes and induction of labour in severe preeclampsia. However, only nine countries had policy on and implemented programmes for low dose aspirin, and seven countries for calcium supplementation during pregnancy for prevention of eclampsia.
- The coverage of induction of labour for severe pre-eclampsia ranged 55%–90% (n = 13), magnesium sulfate 50%–80% (n = 14), calcium supplementation 50%–80% (n = 7) and aspirin (75 mg) 80%–100% (n = 9).
- Sepsis: all 15 countries who responded had policy on and implemented hand washing, 14 countries for prophylactic antibiotics for vaginal delivery and for tetanus vaccine, 12 for HIV diagnosis, and seven for malaria.
- The coverage of infection prevention and control for mothers and newborn infants ranged 50%–100% (n = 13), prophylactic antibiotics 80%–100% and maternal tetanus 14%–100% (n = 6).
- Only four countries had policy on and implemented participatory teaching learning methods.

The outcomes of the survey were presented and discussed thoroughly in the maternal health group work, and gaps and challenges were identified (see section 3).

The implementation of the WHO recommended four maternal health “quick wins”/life-saving interventions is a golden opportunity to address maternal deaths in countries, especially high burden countries. The quick win interventions are: misoprostol for home deliveries to prevent postpartum haemorrhage if oxytocin not available; calcium to pregnant women; low-dose acetylsalicylic acid (aspirin) for pregnant women with high risk of eclampsia; and participatory learning through pregnant women groups. To implement the quick wins there is a need to update national maternal health-related policies, legislation and standard protocols, and to advocate and plan for implementation of WHO recommended evidence-based, cost-effective and high impact interventions. The Every Newborn Action Plan provides a good platform for countries to mainstream neonatal health interventions with clear goals and targets, while the Ending Preventable Maternal Mortality initiative provides a good platform for countries to mainstream maternal health interventions with clear goals and targets.

### **2.3 Child health**

Every day more than 2300 children die in the Region before reaching their fifth birthday. Around 95% of these deaths take place in the nine high burden countries. The under-five mortality rate was reduced by 46% in the Region during 1990–2013. The major causes of under-five deaths are: prematurity (19%), pneumonia (18%), intrapartum complications (12%) and diarrhoeal diseases (10%). Coverage of essential child health



interventions is low in the Region, including exclusive breast feeding (36%), oral rehydration therapy (48%) and care seeking for pneumonia (61%).

A survey on child health for low cost, evidence-based, effective interventions was conducted with a response rate of 50% (11 out of 22). Key policies and guidelines, such as treatment of pneumonia and diarrhoea at community level, oral zinc for diarrhoea and new vaccines for pneumonia and diarrhoea, were either not adopted or were implemented at a low level: eight out of 11 countries (72%) treat pneumonia with amoxicillin at out-patient departments; nine had not appropriately implemented a policy to ensure zinc supplementation for diarrhoeal cases (81%); five had introduced rota virus vaccine (45%); and seven had introduced pneumococcal conjugate vaccine (63%). The low coverage of child health essential interventions in the Region was mainly due to lack of supportive policies and regulation, outdated guidelines and untrained health providers.

Progress in reducing child mortality in the Region is unsatisfactory, particularly in high burden countries. Pneumonia and diarrhoea are still the main causes of under-five deaths in the post-neonatal period. The Global Action Plan for Pneumonia and Diarrhoea provides a practical framework for scaling up child health interventions within existing platforms such as Integrated Management of Childhood Illnesses. Exclusive breastfeeding is a key intervention for child survival that needs more attention by all countries. Equity issues in service coverage, as well as quality of health care, were cross-cutting issues for all countries. The scaling up of community-based interventions is crucial for any progress in child survival in the Region.

#### **2.4 Maternal and child mental health**

The integration of mental health into maternal and child services is highly relevant to the countries in the Region. However, there are major challenges to integrating mental health in maternal and child health services. These include a lack of understanding by policy-makers, a focus on programmes on mortality rather than morbidity and the lack of human resources qualified in mental health. Key next steps should include advocacy with policy-makers to improve their understanding and ensure political will, involving all stakeholders, including academia and professional bodies, and orientating mid-level programme managers and care providers on practical steps to integrate mental health activities into programmes.

#### **2.5 Health systems**

The main challenges in strengthening health systems related to maternal, neonatal and child health include the unstable security and political situation in many countries, poor data quality, incomplete policies, high out-of-pocket expenditure, a lack of national funds for essential medicines and an unregulated private sector. The key proposed strategies to address these challenges include enforcing regulations and modifying existing ones to improve coverage of reproductive, maternal, newborn and child health interventions. Another strategy is ensuring a community approach with community engagement in planning for service delivery, especially in countries with weak health systems to ensure equity in access, coverage and quality. Promoting intersectoral coordination and collaboration for health information systems and strengthening the human resources observatory (registry and

database, including mapping gender, geographical coverage, experience and continuous education) are also important. Expanding the insurance umbrella to cover all, with a focus on mothers and children, ensuring a national budget line for essential medicines and coordinating donor inputs, are other key strategies.

A regional assessment of human resources for maternal and child health in the nine MDG priority countries was conducted. It addressed the current situation, gaps and challenges, and future directions. The focus of the assessment was on the regulation, production, distribution and capacity-building of human resources. The results of the assessment showed that there is lack of accurate documentation of human resources for health in general, and human resources for maternal and child health in particular (a lack of statistics), a shortage of health workforce in numbers, qualifications and efficiency, poor regulation of health provider education and practice, rural/urban maldistribution of human resources for maternal and child health, poor working conditions for human resources for maternal and child health (workplace environment), an absence of monitoring and evaluation systems, and poor policies and practices for human resources development (poor career structures, working conditions and remuneration).

## **2.6 Progress review of maternal and child health acceleration plans and strategic planning for post-2015**

Countries with a high burden of maternal and child mortality presented their progress in the implementation of maternal and child health acceleration plans, highlighting major achievements, challenges and the way forward. Common challenges included political instability and insecurity, lack of financial resources, and a shortage and rapid turn-over of human resources. Priority actions were identified based on a brief country situation analysis, and examining the strengths and challenges of key interventions. Low cost and high impact interventions were prioritized for 2015, with a focus on disadvantaged populations and equitable access to quality care. It was agreed that draft plans would be finalized by national teams within eight weeks. Priority activities of maternal and child health acceleration plans were identified for implementation in 2015.

Major strategic directions in reproductive, maternal, newborn and child health for post-2015 are shown in section 3.

## **2.7 Partners' meeting**

After the closing of the intercountry meeting, UNFPA, UNICEF and WHO teams met and discussed the current challenges in partnerships at country level. The three agencies renewed their commitment to continue working together at country and regional levels to achieve their common goals. At country level, UNFPA, UNICEF and WHO teams agreed to maintain and strengthen coordination mechanisms to support national efforts for the promotion of reproductive, maternal, neonatal and child health. Close communication among regional and country counterparts was agreed to enable monitoring and support of country reproductive, maternal, newborn, child and adolescent health programmes, including the conduct of joint country missions.

### 3. CHALLENGES, GAPS AND STRATEGIC DIRECTIONS

#### 3.1 Overall challenges, gaps and strategic directions

Gaps and challenges	Strategic directions
Inequities in the availability, accessibility and quality of maternal, neonatal and child health services	Promote universal health coverage through improving access to maternal, neonatal and child health services targeting underserved populations
Shortage in number, distribution and technical competencies of human resources	Develop national plans for human resources for health Invest in capacity-building of health providers at all levels with a focus on skilled birth attendance and essential newborn care Task shift to overcome shortages in human resources
Insufficient financial resources to implement cost-effective interventions, including commodity security	Develop investment plans to harmonize financial resources Advocate to increase maternal, newborn and child health national budget allocations and mobilize resources
Lack of sustained national commitment to maternal and child health	Use available data and success stories to deliver evidence to ensure sustained political commitment for maternal, newborn and child health
Quality of maternal, newborn and child health care remains unsatisfactory	Adopt maternal, neonatal and child health quality standards tools and guidelines
Political instability and insecurity	Ensure the incorporation of maternal, newborn and child health interventions in all emergency preparedness plans Build capacity of national staff on maternal, newborn and child health in emergencies

#### 3.2 Recent global initiatives considered in the 2015 strategic directions and their key features

##### *Every Newborn Action plan*

- Strengthen and invest in care during labour, birth and the first day and week of life
- Improve the quality of maternal and newborn care
- Reach every woman and newborn to reduce inequities
- Harness the power of parents, families and communities
- Count every newborn through measurement, programme-tracking and accountability

##### *Integrated Global Action Plan for Pneumonia and Diarrhoea*

- Protect children by establishing and promoting good health practices
- Prevent children from becoming ill from pneumonia and diarrhoea by ensuring universal coverage of immunization, HIV prevention and healthy environments
- Treat children who are ill from pneumonia and diarrhoea with appropriate treatment

*Ending Preventable Maternal Mortality*

- Address inequities in access to and quality of sexual, reproductive, maternal and newborn health care
- Ensure universal health coverage for comprehensive sexual, reproductive, maternal and newborn health care
- Address all causes of maternal mortality, reproductive and maternal morbidities, and related disabilities
- Strengthen health systems to respond to the needs and priorities of women and girls
- Ensure accountability to improve quality of care and equity

**3.3 Thematic challenges, gaps and strategic directions***3.3.1 Reproductive and maternal health*

<b>Gaps and challenges</b>	<b>Strategic directions</b>
Inadequate policy and low coverage of “quick win” interventions	Plan for evidence-based, cost-effective high impact interventions to address main causes of maternal death
Outdated reproductive and maternal health guidelines	Update national reproductive and maternal health guidelines and protocols
Poor infrastructure and human resource capacity in referral hospitals, specifically for comprehensive emergency obstetric and newborn care signal functions (caesarean section, blood transfusion and intensive care unit)	Improve infrastructure and human resource capacity in referral hospitals, specifically for comprehensive emergency obstetric and newborn care signal functions (caesarean section, blood transfusion and intensive care unit) and their maintenance
Wide gap between knowledge and family planning services	Expansion of family planning services and ensuring family planning commodity security
Poor surveillance and response system for maternal mortality	Strengthen the decentralization of maternal death surveillance and response
Inadequate comprehensive preconception care	Examine the feasibility of implementation of a preconception care programme and piloting, including planning for budget, human resource development Develop and integrate preconception care services
Under-utilization of available services	Demand creation, focusing on participatory teaching learning methods for pregnant women and family decision-makers

*3.3.2 Newborn health*

<b>Gaps and challenges</b>	<b>Strategic directions</b>
Inequities between urban/rural, rich/poor and educated/non-educated	Identify and target the most deprived population groups
Lack and/or maldistribution of skilled human resources	Reinforce mechanisms to address shortage and maldistribution of health care providers
Fragmentation and verticality of interventions	Mainstream all available resources into one reproductive, maternal, newborn, child and adolescent health national plan
Evidence-based policies are not adopted at country level	Advocate and plan for evidence-based, cost-effective high impact interventions to address main causes of maternal and newborn deaths
Lack of adherence to available policies, guidelines and protocols	Advocate for policy, updated guidelines and protocols as per WHO

*3.3.3 Child health*

<b>Gaps and challenges</b>	<b>Strategic directions</b>
Poor water and sanitation coverage and very weak coordination with water and sanitation sector	Promote integration with water and sanitation sectors under the umbrella of Global action plan for the prevention and control of pneumonia and diarrhoea
Low coverage of evidence-based interventions such as exclusive breast feeding, pneumonia treatment with antibiotics and oral rehydration therapy	Develop country plans of action for pneumonia and diarrhoea to address protection, prevention and treatment interventions, and integrate them in national child health plans
Low coverage of infant and young child feeding and integrated community case management interventions	Scale up infant and young child feeding interventions focusing on exclusive breast feeding Scale up integrated community case management interventions in low coverage areas
Available guidelines are not up to date	Update integrated management of childhood illness guidelines and propose new modalities for training
Lack of adherence to standards and protocols	Prioritize quality of reproductive, maternal, newborn, child and adolescent health services through accreditation, certification and licensing, and ensuring adherence to guidelines and protocols
Inequity and access issues, particularly in rural remote areas, as well as emergency-affected areas	Address inequities and prioritize hard-to-reach population and people in emergency situations

*3.3.4 Cross-cutting issues*

<b>Gaps and challenges</b>	<b>Strategic directions</b>
High out-of-pocket expenditure	Promote universal health coverage through improving access to maternal and child health services Expend umbrella of insurance to cover all, with a focus on mothers and children
Unregulated private sector	Establish mechanisms to enforce rules and regulations
Weak supply chain management	Strengthen supply chain management systems and ensure one channel for reproductive, maternal, newborn and child health supplies
Poor data quality and fragmented information systems	Unify and mainstream reproductive, maternal, newborn and child health information platforms Establish/strengthen maternal and child death surveillance systems

**4. CONCLUSIONS**

- Between 1990 and 2013, maternal mortality in the Region was reduced by 50% and child mortality by 46%. Indeed, some countries have already achieved their MDGs 4 and 5, while many of the remaining countries have succeeded in significantly lowering mortality rates for both mothers and children. However, there remains a group of countries with a high number of deaths of mothers, newborn infants and children. Some countries are drastically affected by emergencies that require increased efforts and resources.
- The rate of decrease in newborn mortality in the Region has been lower than for under-five mortality. Newborn mortality contributes almost half (47%) of the under-five mortality rate and therefore needs urgent attention.
- Maternal and child health disparities based on urban and rural residence, ability to pay, education and women's status persist across the Region and within countries. Inequitable access to reproductive, maternal, neonatal and child health services, uneven quality of care and gaps in the continuum of care can be addressed through evidence-based, cost-effective interventions.
- The regional UNFPA/UNICEF/WHO initiative for saving the lives of mothers and children in high-burden countries has been a catalyst for change and has had a positive impact on mobilizing national leadership and commitment to promoting maternal, neonatal and child health in the Region. Further collaborative efforts and coordination mechanisms at the country level remain critical to ensure optimal outcomes in achieving maternal, neonatal and child health. In addition, the regional initiative has created a dynamic at country and regional levels that can be used as a platform for the post-2015 maternal and child health agenda.
- There is a need to address the main causes of maternal, newborn and child mortality in order to eliminate preventable maternal, neonatal and child deaths. This includes a need to revisit policies, strategies and regulations related to maternal, neonatal and child health care, based on successful experiences and best practices in implementing feasible, cost-effective and high impact interventions that ensure that marginalized and underserved populations are reached.

- It is important to implement evidence-based, cost-effective and life-saving interventions in maternal, neonatal and child health based on the guiding principles of equity, quality and universal health coverage. Relevant reproductive, maternal, newborn, child and adolescent health guidelines should be updated and need to be adopted by countries in accordance with their specific needs.
- Strengthening health systems, in particular at the subnational level (such as at district level), is a key element in reducing disparities and inequity in access, and improving quality of care for mothers, newborn infants and children, particularly for childbirth and the first week of life. Moreover, infection control measures play a major role in preventing maternal and child mortality, particularly in high burden countries.
- In response to the inequity in access and low coverage of health services, community-based interventions are essential and integrating community health workers into the mainstream health system is important, especially in countries with low service coverage. Building the capacity of community health workers in early detection and primary management of maternal and child health cases can greatly contribute to reducing morbidity and mortality. There is also a need to integrate mental health into maternal and child health care services using existing evidence-based tools/guidelines.
- In line with the *Global strategy for women's, children's and adolescents' health, 2016–2030*, post-2015 regional strategic plans need to end preventable maternal, newborn and child deaths through maternal, neonatal and child health interventions that are in accordance with the six health system building blocks, with a focus on gaps in human resources, life-saving commodities and quality of care. Using the infection control assessment tool and quality control documents developed by WHO will help to improve the quality of care of mothers and children in the Region.
- The meeting provided an excellent platform to update evidence-based guidelines and exchange experiences on how best to improve maternal and child health in the Region.

## 5. RECOMMENDATIONS

### *Member States*

1. Reactivate/strengthen the maternal and child health national taskforce to be effectively involved in planning, implementation, monitoring and evaluation of reproductive, maternal, newborn, child and adolescent health strategic plans under the leadership of the ministry of health and with the involvement of other sectors, United Nations (UN) organizations, development partners and other stakeholders.
2. Finalize country-specific maternal, neonatal and child health strategic directions for 2016–2020 in line with the maternal and child health post-2015 agenda and the relevant Sustainable Development Goals by end of July 2015. The plans should take into consideration the following:
  - adapting relevant global initiatives and strategies to country specific needs, such as the Every Newborn Action Plan, the integrated Global Action Plan for Pneumonia and Diarrhoea and Ending Preventable Maternal Mortality;
  - identifying key social determinants of maternal and child health;

- strengthening the management knowledge and skills of reproductive, maternal, newborn, child and adolescent health programme managers at national and subnational levels;
  - selecting a core set of maternal and child health monitoring indicators and strengthening related monitoring and evaluation systems, with a specific focus on ensuring equitable access to quality reproductive, maternal, newborn, child and adolescent health services;
  - strengthening national reproductive, maternal, newborn and child health accountability schemes, building on existing frameworks such as that developed by the Commission on Information and Accountability for Women's and Children's Health;
  - focusing on the essential role of midwives and community health workers in responding to reproductive, maternal, newborn and child health needs when applying integrated, comprehensive and human rights-based approaches;
  - selecting research areas for conducting reproductive, maternal, newborn and child health operational research; and
  - including social mobilization activities to raise community awareness.
3. In preparation for joint strategic planning missions, conduct a systemic review and/or update the reproductive, maternal, newborn, child and adolescent health situation analysis in order to determine relevant evidence-based strategic objectives for post-2015 strategic planning (2016–2020). Specific focus should be given to bridging health system gaps, such as those in the health workforce, quality of care, maternal and child health commodities and the health information system, with exploration of innovative measures.
  4. Countries in emergency situations should identify gaps and integrate reproductive, maternal, newborn and child health interventions in the humanitarian and emergency response.
  5. Mobilize the domestic and external resources required to support the implementation of post-2015 strategic plans.
  6. Integrate mental health related activities into maternal, neonatal and child health platforms using the available evidence-based guidelines and cost-effective interventions. This can be implemented through the following steps:
    - training maternal health workers on early recognition and management of depression among women in pregnancy and postpartum period; and
    - training child health workers on early recognition and management of behavioural, emotional and intellectual disorders in children using standardized guidelines (WHO Mental Health Gap Action Programme intervention guidelines).

*UNFPA/UNICEF/WHO*

7. Conduct joint missions to Member States to support the development of reproductive, maternal, newborn, child and adolescent health strategic plans 2016–2020.



8. Maintain monitoring and technical support to Member States to ensure optimal outcomes of reproductive, maternal, newborn, child and adolescent health-related programmes and activities.
9. Support countries in conducting reproductive, maternal, newborn and child health operational research and social mobilization activities.
10. Strengthen and sustain partnership between UN and development partners to support countries in development, implementation, monitoring and financing of plans.

**Annex 1****PROGRAMME****Sunday, 29 March 2015***Inaugural session*

09:00–10:00	Opening Session
10:00–10:15	Objectives and expected outcomes
10:15–10:30	Global overview of progress towards reducing maternal, neonatal and child mortality
11:00–14:00	Global initiatives for ending preventable maternal, neonatal and child mortality
14:00–15:45	Promoting neonatal health
15:45–17:30	Group work (1) and presentations addressing ENAP constraints and challenges

**Monday, 30 March 2015***Maternal health panel*

09:00–13:30	Maternal mortality main causes, prevention and management
13:30–15:00	Cost-effective interventions for promoting maternal health
15:00–17:00	Group work (2) and presentations to address the main policy and programme gaps facing countries to effectively address the main causes of maternal mortality

*Child and health panel*

09:00–10:30	Child mortality main causes, prevention and management
10:30–11:30	Country best practices for addressing causes of child mortality
11:30–14:00	Child and newborn evidence-based, cost-effective interventions
14:00–17:00	Group work (3) and presentations to address the main policy and programme gaps facing countries to effectively address the main causes of child mortality; pneumonia, diarrhoea and malnutrition, along with the challenges facing quality of care and child development

**Tuesday, 31 March 2015**

09:00–09:15	Overview of day 2
09:15–09:30	Human resources including skilled birth attendants
09:30–09:45	Commodities and supplies
09:45–10:15	Strengthening infection control and quality assessment of maternal and child health services
10:15–11:00	District health system strengthening tools as part of monitoring for results
11:00–14:00	Information and accountability
14:00–17:30	Group work (4) and presentations on strengthening maternal and child health systems support with strategic directions for post 2015

**Wednesday, 1 April 2015**

09:00–09:15	Overview of day 3
09:15–09:30	Overview of implementation progress of maternal and child health acceleration plans in the Region
09:30–11:35	Maternal and child health acceleration plans progress, bottlenecks and the way forward in 2015 and post 2015
11:35–16:30	Group work (5) and presentations to identify priority actions to support maternal, neonatal and child health strategic planning for post-2015 agenda
16:30–17:30	Conclusions and future steps

**Thursday, 2 April 2015**

09:00–09:15	Overview of day 4
09:15–09:30	Mental health for promoting maternal and child health
09:30–09:45	Tools and packages available to support integration of mental health of women and children
09:45–14:00	Group work (6) and presentations on the ways and means to integrate the mental health component in the maternal and child health plans
14:00–16:00	UNFPA/UNICEF/WHO partners meeting

**Annex 2**

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**Annex 3**

**COUNTRY PRIORITY ACTIONS 2015**

*Leadership and governance*

- Strengthen the governance of the programme of reproductive, maternal and child health at regional and district levels
- Conduct advocacy for resource mobilization from within and outside the country for the reproductive, maternal, newborn and child health programme
- Publish a code of marketing of infant food and a decree on neonatology and perinatology
- Advocate for the status of midwives and their professional practice and retention of community midwives

*Reproductive, maternal, newborn and child health service provision*

- Increase the utilization of the intrauterine devices targeting immediate post-partum users
- Increase number and strengthen emergency obstetric and newborn care by opening new centres at regional and provincial levels
- Adopt quick win maternal and neonatal interventions at community level including: misoprostol tablet at home delivery, calcium supplementation, low-dose acetylsalicylic acid, navel care with chlorhexidine (4%), corticosteroid during the pregnancy and kangaroo mother care for low birth weight newborn infants
- Integrate the vitamin A supplementation in the routine immunization programme
- Strengthen immunization coverage through strengthening the “reaching every district” approach implementation
- Strengthen the integrated management of childhood illnesses coverage and maternal, newborn and child health referral system
- Prevention of mother to child transmission of HIV implementation
- Address adolescent sexual and reproductive health issues with quality of care
- Strengthen reproductive, maternal, newborn and child health mobile teams and establish maternity waiting homes in rural settings
- Maternal and child health/reproductive health programme management in humanitarian settings

*Equipment and medicine*

- Provide maternal, newborn and child health supplies to health facilities
- Manage medicines and equipment by improving procurement and distribution channels
- Provide medical equipment, supplies and consumables for blood bank facilities in provincial hospitals (subject to availability of funding)
- Establish a national reproductive, maternal, newborn and child health drug regulatory authority and develop standards for drug registration and a quality assurance system

*Training*

- Build capacity of health care providers on comprehensive emergency obstetric and newborn care
- Revise the essential newborn care training package and train health providers
- Train health providers on the newborn care module and protocols including resuscitation of the newborn
- Adapt emergency triage assessment and treatment
- Adapt integrated management of neonatal and childhood illnesses for secondary care health facilities

*Quality of care*

- Update national reproductive, maternal, newborn and child health guidelines and protocols
- Validate the minimum package for pregnant women and women at birth, as well as their children during the first two years
- Improve the quality of growth monitoring and assessment
- Assess patient satisfaction and health providers' perceptions

*Health information system and surveillance*

- Set up a new information system and improve data analysis and management at the operational level
- Strengthen the decentralization of the maternal death surveillance and response
- Review the health information system applied in primary health care and the integrated monitoring results for equity system within the health information system
- Implement new supportive activities such as rapid ascertainment of institutional deaths
- Develop an audit system for maternal, neonatal and child deaths
- Scale up the perinatal and neonatal mortality surveillance system
- Strengthen the surveillance system for routine immunization
- Review and scale up the nutritional surveillance system

*Communication and social mobilization*

- Develop a reproductive, maternal, newborn and child health communication strategy
- Expand religious and male involvement in family planning services at regional level
- Strengthen male participation in sexual and reproductive services
- Raise community awareness regarding family planning services and immunization coverage
- Strengthen counselling and communication on exclusive breastfeeding

*Research*

- Conduct a study on main causes of neonatal mortality
- Survey micronutrients deficiencies (iodine +++)
- Develop operational research on breastfeeding, antenatal care, continuum of care, family planning methods, paediatric emergencies, etc.

*Social determinants of health*

- Target the reduction of inequities in reproductive, maternal, newborn and child health coverage
- Put in place a strategy to influence the social determinants of health

**Annex 4**

**STRATEGIC DIRECTIONS FOR POST 2015**

*Leadership and governance*

- Promote the ministry of health stewardship role through enforcing regulations, enabling environments and accountability
- Mainstream all available resources into one reproductive, maternal, newborn, child and adolescent health national plan
- Develop country plans of action for protection, prevention and treatment of pneumonia and diarrhoea
- Develop regional reproductive, maternal, newborn, child health “one action plans” targeting regions with undercoverage
- Promote public–private partnerships in support of reproductive, maternal, newborn and child health services and implement integrated community reproductive health services
- Establish and support emergency preparedness and response unit within ministry of health
- Develop a human resource retention policy

*Health financing*

- Assess current health care financing to lead to strategy development (three zones)
- Undertake comprehensive assessment of health sector financial management capacity at all levels
- Mobilize additional resources from various health partners/donors to support maternal and child health acceleration plan achievements

*Reproductive, maternal, newborn and child health service provision*

- Promote universal health coverage through improving access to maternal and child health services targeting underserved populations
- Expand family planning services and ensure family planning commodity security
- Strengthen antenatal and postnatal care and emergency obstetric and newborn care services
- Expand and strengthen integrated management of newborn and child health services
- Support early introduction of family planning in post-partum and post-abortion services
- Strengthen nutrition and immunization programmes
- Address adolescent sexual and reproductive health issues
- Strengthen the role of community health workers to promote maternal and child health awareness

*Equipment and medicine*

- Strengthen the reproductive, maternal, newborn, child health supply management chain system
- Improve the reproductive, maternal, newborn and child health procurement system (e.g. vaccines, drugs)
- Maintain and expand life-saving commodities
- Improve contraceptive commodities security
- Improve the supply chain and storage of medicines and commodities
- Establish a national drug regulatory authority and develop standards for drug registration and the quality assurance system

*Human resources and training*

- Develop standards for registration, accreditation and licensing review, and standardize curricula across essential package of health services
- Develop a human resource database as the basis for capacity-building and identifying gaps
- Recruit and retain health staff for the reproductive, maternal, newborn, child health programme, particularly in remote areas
- Accelerate training and deployment of the midwifery cadre
- Provide a degree of competence in obstetric surgery and neonatal pre-service and in-service training
- Reform reproductive, maternal, newborn and child health medical education (pre-service and in-service)
- Create a nursing specialization in neonatology option and establish a university degree in neonatology for general practice
- Strengthen the in -training of health providers on reproductive, maternal, newborn, child health best practices and principal causes of preventable deaths
- Conduct a comprehensive emergency obstetric and newborn care diploma for physicians and anaesthesia assistants
- Train clinical service providers and pharmacists on rational use of drugs (plus standard treatment guidelines)
- Conduct a comprehensive in-service training need assessment and prepare an in-service training plan
- Rehabilitate human resource development centres for pre- and in-service training in each zone
- Adopt retention strategies and career pathways for community midwives

*Quality of care*

- Ensure quality of reproductive, maternal, newborn, child and adolescent health care services in term of accreditation, certification and licensing
- Improve quality of reproductive, maternal, newborn and child health care (protocols, supportive supervision, etc.)
- Strengthen maternal, neonatal and child infection assessment, prevention and control

*Health information system and surveillance*

- Establish an efficient reproductive, maternal, newborn and child health system for monitoring and accountability
- Strengthen utilization of data for real time monitoring, self-performance assessment and decision-making.
- Establish a civil and vital registration system and maternal death surveillance and response
- Establish an under-5 children mortality surveillance system
- Develop a health information system strategy
- Conduct “near miss” clinical audits

*Communication and social mobilization*

- Raise community awareness regarding reproductive, maternal, newborn and child health service’s needs and demands
- Expand religious and male involvement in family planning services at the subnational level
- Support community mobilization through the establishment of reproductive, maternal, newborn and child health committees to link communities with health facilities
- Establish communication channels with community leaders on reproductive, maternal, newborn and child health care services

*Research*

- Strengthen research on perinatal health
- Strengthen capacity of managers in operational research to support surveys
- Conduct health facility assessments

*Social determinants*

- Develop a national strategy on maternal, new born and child social health determinants
- Build a multisectoral task force to address social determinants of health in relation to reproductive, maternal, newborn and child health
- Establish a plan of action to overcome health inequities and reproductive, maternal, newborn and child health care services

**Annex 5****COUNTRY-SPECIFIC STRATEGIC DIRECTIONS FOR IMPROVING MATERNAL, NEWBORN AND CHILD HEALTH***Afghanistan*

- Mainstream all available resources into one reproductive, maternal, newborn, child and adolescent health national plan
- Improve the quality of reproductive, maternal, newborn, child and adolescent health services in terms of: accreditation, certification and licensing; promoting Ministry of Public Health stewardship role through enforcing regulations, enabling environment and accountability; and promoting and strengthening a culture of data use and evidence-based decision-making
- Expand access to quality health care services
- Narrow the gaps between knowledge and family planning services utilization
- Continue financing for community midwife education, deployment and retention
- Improve infrastructure and human resource capacity in referral hospitals, specifically to comprehensive emergency obstetric and newborn care signal functions (caesarean section, blood transfusion and intensive care unit) and their maintenance
- Develop country plan of actions for prevention, protection and treatment of pneumonia and diarrhoea
- Integrate the every newborn action plan in maternal, newborn, child health national plans
- Expand religious and male involvement in family planning services at subnational levels
- Expand maternal and newborn death surveillance and response

*Bahrain, Kuwait, Oman, Qatar, Saudi Arabia and United Arab Emirates (for all six countries)*

- Develop and integrate preconception care
- Improve quality of care in maternal, newborn and child health services
- Continue training of nurses for competency
- Strengthen notification system of congenital anomalies
- Expand specialized care units
- Expand neonatal screening (metabolic, congenital heart, hearing)
- Conduct analysis and policy formulation to decrease caesarean section rate
- Enforce obligatory premarital screening
- Monitor integrated management of childhood illnesses
- Strengthen and expand the baby-friendly initiatives
- Introduce reproductive health in the adolescent and school health programme
- Screen for breast and cervical cancer
- Introduce mental health assessment in maternal health

*Djibouti*

- Prioritize improving the quality of reproductive, maternal, newborn, child and adolescent health services
- Develop a national human resource plan to ensure appropriate recruitment, retention and capacity-building of maternal, newborn, child and adolescent health personnel (at managerial and care provision levels)
- Adopt the integrated global action plan for the prevention and control of pneumonia and diarrhoea in national maternal, newborn, child and adolescent health plans
- Establish an efficient system for monitoring and accountability for reproductive, maternal, newborn, child and adolescent health.

*Egypt*

- Increase the national budget allocated for reproductive, maternal, newborn and child health and mobilize additional resources from various health partners/donors
- Enforce clinical audit
- Conduct policy and legislative reviews for private sector practices
- Promote decentralization and district health management
- Enhance accountability mechanism at various levels
- Address shortage and maldistribution of health providers (primary health care)
- Conduct capacity-building (e.g. emergency obstetric and newborn care, nurses, on-the-job training, etc.)
- Develop human resources retention policy
- Reform medical education (pre-service, in-service)
- Promote universal health coverage through improving access to maternal and child health services targeting underserved populations
- Improve quality of care (protocols, supportive supervision, etc.)
- Strengthen infection prevention and control
- Strengthen the role of community health workers to promote maternal and child health awareness among the population
- Conduct health information system review to streamline existing data management systems and tools (including client records)
- Strengthen utilization of data for real time monitoring, self-performance assessment and decision-making
- Strengthen the supply management chain system and improve the procurement system (e.g. vaccines, drugs)
- Increase the national budget allocation for reproductive, maternal, newborn and child health and mobilize additional resources from various health partners/donors to support maternal and child health acceleration plan achievements

*Iran (Islamic Republic of)*

- Ensure implementation of appropriate measures to reduce caesarean section rate
- Focus on reduction of neonatal mortality due to prematurity



- Update and ensure implementation of clinical guidelines on maternal, neonatal and child health complications
- Integrate reproductive, maternal, newborn and child health guidelines medical and midwifery curriculum at university
- Ensure accountability to improve quality of care and equity
- Strengthen severe maternal morbidity surveillance
- Improve surveillance system for neonatal and maternal mortality and morbidity

#### *Iraq*

- Expand and strengthen reproductive, maternal, newborn and child health services across the continuum of care including emergency obstetric and newborn care services
- Strengthen maternal death surveillance and response
- Expand family planning services and ensure family planning commodity security
- Improve coverage of infant and young child feeding interventions including exclusive breastfeeding
- Increase routine immunization coverage
- Establish children under-five mortality surveillance system
- Raise community awareness regarding maternal and newborn and child health service's needs and demands
- Prevent and manage sexually transmitted infections and HIV
- Strengthen health information system regarding maternal and child health core indicators

#### *Jordan*

- Strengthen and invest in care during pregnancy, labour, childbirth and the first day and week of life
- Improve the quality of maternal and newborn care
- Reach every woman and every newborn to reduce inequities
- Count every newborn (measurement, programme tracking and accountability)
- Harness the power of parents, families and communities

#### *Lebanon*

- Maintain success reached for MDG 4 and 5
- Reinforce and update the postnatal and postpartum follow-up plan according to international standards
- Cover cost of newborn screening by public funds
- Developing and implementing policies to control caesarean section rates
- Develop protocols and accreditation criteria for equipment and buildings of privately owned midwiferies
- Strengthen quality of data of maternal and child health
- Review protocols around birth and reinforce them especially regarding hypertension disorder management, post-partum haemorrhage management, pulmonary embolism

management and prevention of sepsis, and implement them keeping in mind referral and audit

- Create family welfare clinics linked to primary health care centres to provide family planning services
- Decrease the incidence of preeclampsia and eclampsia through pre-conception counselling and insuring access and affordable quality antenatal care in communities with high concentration of refugees
- Reinforce and update the postnatal and postpartum follow-up plan according to international standards

### *Libya*

- Strengthen country capacity to address maternal, neonatal and child health issues in emergency situations
- Ensure implementation of appropriate measures to reduce caesarean section rate
- Strengthen the baby friendly hospital initiative
- Promote equity and ensure availability of reproductive, maternal, newborn and child health services in the south of Libya

### *Morocco*

- Create a nursing specialization in neonatology option and establish a university degree in neonatology for general practice
- Strengthen the in-service training of health providers on best practices and principal causes of preventable deaths
- Improve “near miss” clinical audits
- Early introduction of the family planning in post-partum and post-abortion
- Scale up coverage of integrated management of childhood illness
- Strengthen nutrition and immunization programmes
- Develop regional action plans targeting low coverage areas
- Activate the national and regional task force for reproductive, maternal, newborn and child health
- Develop a strategy on maternal, new born and child social health determinants

### *Pakistan*

- Avail national reproductive, maternal, newborn and child health policy
- Advocate for more commitment and resource allocation for reproductive, maternal, newborn and child health
- Scale up pilots and ensure sustainability
- Build capacity community and primary health care levels
- Address maldistribution of human resources (females doctors in rural areas)
- Adopt retention strategies and career pathways for community midwives
- Include rotavirus vaccine in routine immunization

- Ensure implementation of guidelines and protocols relevant to the newborn action plan and the Global Action Plan for the Prevention and Control of Pneumonia and Diarrhoea
- Improve the quality of pre-service training
- Ensure supply chain management for reproductive, maternal, newborn and child health (at facility and community level)
- Conduct maternal death reviews and verbal autopsy
- Conduct monitoring and evaluation and research to inform decision-making for planning
- Ensure leadership role of Ministry of Environment to promote a multisectoral approach for pneumonia and diarrhoea prevention and control
- Invest in performance-based incentive schemes
- Scale up and sustain existing voucher schemes

### *Palestine*

- Build the capacity of the health care providers on neonatal care at primary and secondary health care levels by ensuring the availability of human resources for neonatal care
- Increase prevalence of breastfeeding (exclusive breastfeeding and early initiation)
- Increase community awareness and empower relevant committees
- Scale up baby friendly hospitals initiative to private sector
- Strengthen referral system and establish referral system for premature neonates (identify catchment areas)
- Upgrade and disseminate present neonatal protocols in line with every newborn action
- Scale up integrated management of childhood illnesses and integrate in well baby clinics and the private sector
- Strengthen infection prevention and control: conduct assessment for secondary level; strengthen the role of committees in hospitals
- Strengthen family planning counselling and services to decrease unmet need
- Examine the feasibility of implementation of preconception care programme and then conduct piloting and planning for budget and human resources for preconception care services
- Implement harmonized reproductive health registry computerized health information system to ensure continuum of care

### *Somalia*

- Develop and implement a national neonatal care strategy
- Conduct continued resource mobilization from within and outside the country for maternal health interventions
- Sustain advocacy to maintain the issue of maternal health high on the political agenda
- Continuously build the capacity of senior managers in the Ministry of Health and advocate for their maintenance in posts for at least three years before mobility
- Support senior and mid-level Ministry of Health managers (fellowship programme)
- Enhance collaboration with gender programme to address gender-based violence, including rape, and prevention and management of complications of female genital mutilation, early marriages and early pregnancies

- Conduct health facility assessment using the service availability and readiness assessment tool
- Establish and support an emergency preparedness and response unit within Ministry of Health
- Develop a national disaster preparedness and response plan
- Provide misoprostol tablets for home deliveries to reduce post-partum haemorrhage when oxytocin is not available
- Provide calcium supplementation for pregnant women to prevent pre-eclampsia and hypertensive disorder where calcium intake is low
- Provide low-dose acetylsalicylic acid (aspirin) to prevent pre-eclampsia in women at high risk
- Conduct participatory learning with self-monitoring of the utilization of maternal and newborn services through pregnant women groups
- Increase modern contraceptive use

#### *Sudan*

- Ensure universal health coverage by essential maternal and child health services (equity)
- Expand family planning services
- Improve women's, families' and communities' knowledge and engagement on sexual and reproductive health issues
- Develop preconception care
- Strengthen the logistic management and information system
- Implement maternal and newborn death surveillance and response

#### *Syrian Arab Republic*

- Reactivate routine expanded immunization programme and integrated management of childhood illnesses
- Reactivate comprehensive reproductive health services
- Establish sentinel sites for maternal death surveillance and response
- Support community involvement in case management for selected health and nutrition problems
- Support prevention and treatment of malnutrition
- Expand partnerships with local nongovernmental organizations and the private health sector
- Conduct communication for development on improving infant and young child feeding, prevention of malnutrition, hygiene promotion, importance of vaccinations, danger signs of pregnancy and after delivery, family planning etc.

#### *Tunisia*

- Institutionalize "strategic moment of intent" approach to reduce disparities in the participation of the population and civil society: review the implementation of evidence-based strategies, resource optimization, social protection review etc.

- Strengthen accountability mechanisms, coordination and regulation to ensure the right to reproductive, maternal, newborn and child health for all, and particularly for vulnerable groups in disadvantaged areas: regulation of the private sector, community involvement, etc.
- Ensure service delivery: state provision of maternal and newborn health quality services that are accessible, motivation and continuous training on skilled birth attendance, development of standards for continuity of care etc.

*Yemen*

- Strengthen country capacity to address maternal, newborn and child health issues in emergencies
- Prioritize improving the quality of reproductive, maternal, newborn, child and adolescent health services
- Develop a national human resource plan to ensure appropriate recruitment, retention and capacity-building of maternal, newborn and child health issues personnel (at managerial and care provision levels)
- Adopt and integrate the Global Action Plan for the Prevention and Control of Pneumonia and Diarrhoea in national maternal, neonatal and child health plan
- Establish an efficient system for monitoring and accountability for reproductive, maternal, newborn and child health



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