

Summary report on the

# Regional meeting for engaging countries and strengthening partnerships towards better maternal and child health

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Amman, Jordan  
21–23 November 2018



REGIONAL OFFICE FOR THE

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## **1. Introduction**

The World Health Organization (WHO) Regional Office for the Eastern Mediterranean held a regional meeting for engaging countries and strengthening partnerships towards better maternal and child health in Amman, Jordan, from 21 to 23 November 2018.

The objectives of the meeting were to:

- build the technical capacity of reproductive, maternal, neonatal, child and adolescent health focal points at WHO country offices for adopting the regional framework on the updated maternal and child health guidelines and recommendations, and determine key priorities in line with the Sustainable Development Goals (SDGs) and WHO's Thirteenth General Programme of Work (GPW 13);
- discuss tools and approaches with the WHO focal points and national programme managers to translate the maternal and child health shared guidelines into action/practice to reach SDG/GPW 13 targets;
- strengthen the skills of WHO focal points to mobilize domestic and international resources through innovative approaches and to ensure sustainable financing mechanisms for maternal and child health programmes; and
- update participants on target setting and monitoring of national reproductive and maternal health indicators using linkages between the SDGs and GPW 13 targets.

The meeting was attended by 88 participants from most Member States of the Region, as well as experts from Jordan, Morocco, Tunisia, and United Kingdom, and staff from the Aman Jordanian Association, Marie Stoops International (Jordan), UNAIDS, United Nations Relief and Works Agency for Palestine Refugees (UNRWA), and WHO country, regional, and headquarter offices.

Dr Ahmed Al-Mandhari, WHO Regional Director for the Eastern Mediterranean, in his opening message, observed that inadequate progress in reducing maternal, neonatal and child mortality had been made in the Region. Globally, the Region had the highest level of newborn mortality and the second worst levels of maternal and under-5 child mortality after the WHO African Region, he said.

Dr Al-Mandhari stated that WHO had been founded on the principle that all people should be able to realize their right to the highest possible level of health, which was the impetus behind the current Organization-wide drive to support countries in moving towards universal health coverage and achieving the SDGs.

In line with this, and the regional Vision 2023 for the health and well-being of people in the Region and GPW 13, WHO had developed and updated guidelines and tools to help strengthen national reproductive and maternal health services covering preconception care, family planning, antenatal and intrapartum care, medical eligibility criteria and selected practice recommendations for contraception use, and Robson classification and non-clinical interventions to reduce unnecessary caesarean sections. The meeting aimed to enable Member States to adopt these guidelines and tools, and integrate their recommended interventions into national health policies, plans and practices, he said.

The Regional Director stated that all partners needed to work together with countries to improve the health of women and children using up-to-date, evidence-based, cost-effective and high impact interventions, with a special emphasis on the quality of care and use measurement tools to assess progress in moving towards the SDGs.

## **2. Summary of discussions**

### *Preconception care*

A limited number of countries have adopted a comprehensive approach to deliver preconception care services, with most countries instead providing premarital services targeting couples prior to marriage. National PCC programmes need to be established and/or strengthened in line with the key 10 steps adopted by the 65th session of the Regional Committee held in Khartoum, Sudan, in October 2018.

It is important to integrate preconception care interventions within existing reproductive and maternal health programmes, as well as other relevant programmes, and to target all women, everywhere. Implementation of preconception care interventions in emergency settings is also necessary. Significant demand for preconception care exists given the prevalence of early marriage.

At the country level, there are is some political commitment to preconception care, policies and regulations, and some national strategies include preconception care. Across the Region, preconception care is being implemented either with some key interventions or with full coverage (including vaccination and nutrition interventions). Some countries operate very strong premarital health programmes that facilitate the implementation of preconception care.

At the health facility level, implementation of preconception care is limited by the lack of: institutionalization and integration; contextualized preconception care guidelines; health-seeking behaviour; and involvement of the private sector.

At the community level, health providers have limited ability to ask culturally-sensitive questions regarding family history of congenital anomalies, mental illness, contraceptive use, sexual activity, smoking and alcohol consumption, and domestic violence.

### *Strengthening family planning services and policies*

There was discussion on the WHO updated family planning tools and recommendations regarding medical eligibility criteria for contraception, safe contraception use, managing the side effects of modern family planning methods, and eligibility criteria for the postpartum period and for women living with HIV undergoing antiretroviral therapy.

Integrating WHO guidance into national guidelines involves four stages: an exploration phase, including mapping current country family planning guidelines and status of use; an installation phase to launch practical preparations for a revised family planning programme; an initial implementation phase, including a roll out of the revised family guidelines; and a full implementation stage of integrating the guidance on medical eligibility criteria and selected practice recommendations into national guidelines.

Country best practices from Afghanistan, Morocco, Pakistan and Tunisia on family planning strengthening through adoption of the WHO updated family planning tools and recommendations were shared.

### *Panel discussion on scalability and sustainability of family planning best practices*

Six countries shared their experience of ensuring the scalability and sustainability of family planning best practices. The participants acknowledged the essential role of WHO family planning tools and



guidelines in strengthening the skills of health programme managers, and recognized family planning as an evidence-based and cost-effective intervention with a high impact on maternal and newborn mortality and morbidity burden. The key tools being used are the *Medical eligibility criteria for contraception care*, 5th edition (2015), *Selected practice recommendations for contraceptive use*, 3rd edition (2016) and the *Medical eligibility criteria wheel for contraceptive use* (2015).

The translation of WHO recommendations into practice and their integration into national health programmes ensures enhanced scalability and sustainability for better quality of care and equity of contraceptive care services. Scaling up needs to be done through training that responds to the needs of health providers. It needs to address information, education and communication techniques, intra-uterine device insertion and removal techniques, family planning commodity security, and WHO tools for counselling and quality of care.

The dissemination of the tools can be done through their adaptation by national committees on family planning and their subsequent testing at health facility level. This should be followed by cascade training on their use for health providers, and the use of the ministry of health website and involvement of the private sector for further dissemination.

A successful and sustainable family planning programme involves key implementation drivers at the provider level (qualified providers providing technically competent, evidence-based care), organizational level (appropriate facilities and national policies, secure commodity supply chains, and accessible, well-organized and efficient care), and leadership level (supportive and proactive policy-makers and programme managers).

There needs to be national adoption of WHO's four stages of family planning implementation related to the integration of the medical eligibility criteria and selected practice recommendations into national family planning guidelines. Community participation and mobile clinics are a good way to ensure the implementation of the activities at the local level.

*WHO recommendations on antenatal care for a positive pregnancy experience*

Antenatal care remains a key opportunity for timely and appropriate evidence-based actions for health promotion, disease prevention, screening and treatment. It reduces complications from pregnancy and childbirth, reduces stillbirths and perinatal deaths, and ensures a positive experience for women through the delivery of integrated, quality care throughout pregnancy.

Challenges in providing quality pregnancy care at health facilities include inequitable access to antenatal care services, limited financial resources to ensure better coverage and quality, the limited skills of health care providers, and the use of out-dated guidelines and recommendations.

Adopting the 2016 WHO guidelines on antenatal care for a positive pregnancy experience will improve the quality of pregnancy care at health facilities. This involves a transition from the four antenatal visits of the focused antenatal care model to eight contacts as specified in the updated WHO recommendation, with prioritization of person-centred health and well-being through provision of respectful care that takes into account women's views and the optimization of service delivery within health systems.

The essential core package of antenatal care recommended by WHO in 2016 will ensure that all pregnant women and adolescent girls receive better antenatal care through these eight contacts. However, there needs to be flexibility to employ different options based on the country context, and given the prioritization of WHO guidance on complications during pregnancy.

Adopting the 2016 WHO updated antenatal care guidelines for a positive pregnancy experience involves the following steps: advocacy with policy-makers to adopt the eight visit model for better quality of antenatal care; involving the national reproductive and maternal health taskforce in adapting the guidelines; in-service and pre-service training on the updated guidelines; adopting antenatal care indicators in the district health information system; and coordination with the private sector and all concerned parties to ensure the wide adoption of the updated recommendations.

*WHO recommendations on intrapartum care for a positive childbirth experience*

The WHO recommendations on intrapartum care address the increasing use of labour interventions in the absence of clear indications by identifying the most common practices used throughout labour and establishing standards of good practice for the conduct of uncomplicated labour and childbirth. The concept of experience of care is critical in ensuring high-quality labour and childbirth care and improved woman-centred outcomes, and is not just complementary to routine clinical practices. There is a need to adopt the 2018 WHO intrapartum care recommendations to improve the coverage and quality of care services. The recommendations should inform the development of relevant national- and local-level health policies and clinical protocols.

Challenges for intrapartum care at health facilities and the implementation of the WHO updated recommendations include limited skilled personnel, inadequate quality of care, inequitable access in some settings and unregulated intrapartum care in the private sector. Midwives have a crucial role in ensuring intrapartum care coverage and a mother-friendly hospital.

Approaches to ensuring the adoption of the updated WHO recommendations include the involvement of existing national reproductive and maternal taskforces, advocacy and communication about the benefits of intrapartum care and quality of care improvement, the adoption of key indicators within the existing district health information system, and formative research to document best practices.

*Robson classification and WHO guidelines on non-clinical interventions to reduce unnecessary caesarean section*

The average rate of caesarean section in the Region is 21% and ranges from one of the highest country rates in the world (52% in Egypt) to the lowest (2% in Somalia). The factors behind the high rates of caesarean section include the lack of national policy/guidelines regarding child birth practice, a profit-motivated private sector, improper management of normal labour, irrational use of obstetric interventions, lack of communication between health care professionals and women, and reduced midwifery input in the childbirth process. There is a need to adopt the 2018 WHO recommendations on non-clinical interventions to reduce unnecessary caesarean sections through interventions targeting women, communities, health care professionals and the health system.

Formative research is needed to explore the key determinants of high caesarean section rates, and the barriers and other factors hindering the

implementation of interventions to reduce unnecessary caesarean section, and to document best practices in adopting non-clinical interventions to reduce caesarean section. There is limited available data on maternal mortality and morbidity outcomes resulting from unnecessary caesarean section (including chorioamnionitis, endometritis and wound complications), neonatal mortality and morbidity, maternal birth experience and satisfaction with care, resource use, costs and equity.

Future studies need to address these areas to facilitate the full assessment of the desirable and undesirable effects of interventions to reduce caesarean births. Studies should address both short-term and long-term maternal outcomes (such as urinary incontinence, obstetric fistula, and utero-vaginal prolapse) and infant outcomes (such as breastfeeding and childhood disability).

The key challenge in defining the optimal caesarean section rate at any level is the lack of an accurate, reliable and internationally accepted classification system to produce standardized data, enabling comparisons across populations and providing a tool to investigate drivers of the rising trend in caesarean section.

Of the existing systems used to classify caesarean sections, the 10-group classification (also known as the 'Robson classification') system was presented and discussed by participants. WHO has conducted two systematic reviews to assess the value, benefits and potential disadvantages of using this classification to better understand caesarean section rates and trends worldwide. There was consensus that the Robson classification system needs to be adopted as a global standard for assessing, monitoring and comparing caesarean section rates within health care facilities over time and between facilities.

### **3. Conclusions**

There is a critical need to proceed with the adoption of the recently updated WHO guidelines and recommendations on reproductive and maternal health. This should be done within a continuum of care approach and in line with existing national programmes and strategic plans of action.

Progress in the adoption of the updated WHO guidelines and recommendations by national reproductive and maternal health programmes should be measured using well-defined indicators and standardized methods, in harmony with those used for the SDGs, GPW 13 and Vision 2023.

### **4. Next steps for Member States**

- Proceed with the necessary actions to implement the WHO-recommended interventions and programme steps for strengthening preconception care in Member States (in 2019).
- Expand capacity-building activities for family planning in the public and private sectors using WHO updated family planning tools and recommendations (in 2019).
- Adopt, provide training in and implement WHO recommendations on antenatal and intrapartum care (in 2019).
- Use Robson classification to monitor the quality of childbirth care and reduce unnecessary caesarean sections (in 2019).
- Conduct formative research on non-clinical interventions for reducing unnecessary cesarean sections and build on the findings of these research activities (in 2019–2020).

The image features a minimalist, abstract design composed of several rectangular blocks of color. A large teal block occupies the top right and bottom right portions. A grey block is positioned in the top left. A horizontal grey band runs across the middle. A dark grey block is located in the bottom left. The bottom of the image is a solid grey bar containing white text.

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