

Summary report on the

Technical meeting on maternal and child health acceleration plans

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Cairo, Egypt
6–7 February 2014



**World Health
Organization**

Regional Office for the Eastern Mediterranean

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1. Introduction

Maternal and child mortality are among the main public health concerns in the WHO Eastern Mediterranean Region. The under-five mortality rate decreased by 45% between 1990 and 2012 and the maternal mortality ratio decreased by 42% between 1990 and 2010 in the Region. Despite these achievements, the levels of reduction fall short of meeting the targets of Millennium Development Goal (MDG) 4, a 66% reduction in under-five mortality, and of MDG 5, a 75% reduction in maternal mortality ratio, by 2015. To scale up efforts to improve maternal and child health in the Region, the initiative “Saving the lives of mothers and children” was launched by WHO, UNFPA and UNICEF jointly with Member States in a high-level meeting held in Dubai, United Arab Emirates, in January 2013. The meeting concluded with the Dubai Declaration, which was endorsed by the 60th session of the Regional Committee for the Eastern Mediterranean in October 2013. In the Dubai Declaration, high-burden countries committed to developing, launching and implementing maternal and child health acceleration plans to move forward the MDG agenda.

As the initiative on “Saving the lives of mothers and children” celebrates its first anniversary, the WHO Regional Office for the Eastern Mediterranean organized a technical meeting on maternal and child health acceleration plans on 6 and 7 March 2014 in Cairo, Egypt. The objectives of this meeting were to:

- review the progress in the implementation of the maternal and child health acceleration plans;
- identify measures to support countries in achieving the targets set in their plans;

- discuss the monitoring framework to follow up on the quality of implementation of the plans; and
- define the next steps to speed up implementation.

The meeting was attended by senior experts from Egypt, Pakistan and the United Kingdom and WHO staff from headquarters and the Regional Office.

Dr Ala Alwan, WHO Regional Director for the Eastern Mediterranean opened the meeting and highlighted the need to focus on evidence-based interventions and partnership with key stakeholders and UN agencies to accelerate the implementation of maternal and child health activities. He stressed the need to ensure that joint collaborative plans with countries for the biennium 2014–2015 were aligned with acceleration plans. He noted that resource mobilization and the acceleration plans would be addressed in the upcoming meeting of regional directors of UNICEF, UNFPA and WHO to be held in April 2014.

Professor Mahmoud Fathalla and Professor Zulfiqar Bhutta were elected Chairperson and Co-Chairperson, respectively. Ms Carla Abu Zahr and Dr Karima Gholbzouri were elected rapporteurs.

2. Summary of discussions

All nine high-burden countries of the Region, namely Afghanistan, Djibouti, Egypt, Iraq, Morocco, Pakistan, Somalia, Sudan and Yemen, have developed maternal and child health acceleration plans. Afghanistan, Iraq, Morocco and Sudan launched these plans in a formal high-level ceremony in 2013.

Following an initial presentation on progress and future directions, the discussions focused on key barriers that need to be overcome if the country targets are to be attained. These include:

- The need for ongoing advocacy, both internally in countries and among partners in order to ensure sustained commitment and resource allocation by national authorities and development partners.
- The need for enhanced coordination across programme areas.
- The importance of assuring appropriate quality technical support and sustainable institutional capacity development over the long term.
- The need to overcome health system impediments to progress, including shortages and maldistribution of human resources and deficiencies in the quality of care.

It was agreed that the forthcoming country missions should specifically seek to address these bottlenecks. Missions to follow up on progress should also involve establishing communications with civil society representatives, faith-based organizations, women's groups and the media, as well as parliamentarians and representatives of political parties not currently in the government. This would help build sustained grassroots support for maternal, neonatal and child health initiatives. It was agreed that the development of clear and targeted communication materials would be important. Furthermore, country missions should target not only Ministries of Health but also Ministries of Finance and Planning, explaining the returns on investment accrued by maternal, neonatal and child health interventions.

Support to the initiative: Following a presentation on global initiatives in maternal, neonatal and child health, including the conceptual framework for investing in women and children's health, the development of new targets for maternal and neonatal mortality reduction, and the global strategy for women and children's health, a key issue emerging from the discussion was the need to ensure integration of strategic approaches, including family planning, malaria, HIV/AIDS into maternal, newborn and child health interventions.

Human resources: There was agreement on the need to produce more detailed country-specific information on the key human resource challenges faced in different settings. For each country, it is important to know current availability of key maternal, neonatal and child health cadres, annual graduation levels, and potential policy measures to improve human resource availability and distribution such as task shifting, delegation of responsibility to community health workers, and incentives for decentralization and distribution of health care workers at all levels.

Medicines and supplies: Although country acceleration plans include the national list of essential medicines and commodities, not enough is known about the effective functioning of procurement and supply chains in each country and how these can be improved for maternal, neonatal and child health.

Financial resources: The potential to mobilize resources for maternal, neonatal and child health from GAVI and Global Fund support to health systems strengthening was the subject of considerable discussion. It was agreed that while these were promising sources of additional funding for countries, in practice country proposals would

need to be carefully crafted, bearing in mind that the key results for GAVI relate to improved immunization coverage and for the Global Fund to the reductions in mortality and morbidity due to AIDS, tuberculosis and malaria. It was agreed that WHO country offices and the Regional Office would support countries in developing appropriate funding proposals.

It was also agreed that for resource mobilization it would be important to reach out to new, non-traditional donors including businesses and the private sector (corporate social responsibility) and wealthy individuals in each country.

Monitoring: The discussion on monitoring progress noted the need for innovative strategies given that the maternal, neonatal and child health acceleration plans are largely focused at subnational level and target marginalised and remote populations. It was agreed that the District Health Information System (DHIS) tool could be a useful approach given its focus on data from health facilities and district level. Key maternal, neonatal and child health indicators need to be agreed, including service availability and quality of care. It was also suggested that small-scale surveys could be implemented in the target areas in order to generate data on service utilization.

The suggestion of identifying maternal mortality as a notifiable condition was discussed, with some countries reporting positive experiences in this regard. However, in other settings, integrated disease surveillance and response had proved challenging to implement due to both technical factors and also some reluctance to publicize adverse events.

The importance of including quality of care indicators was emphasized and there was agreement that these could draw upon the global matrix currently being finalized through WHO. The need for regular feedback on progress was emphasized. There was agreement that alongside the indicators it was essential to develop simple and readily understandable ways of presenting data to policy-makers, such as summary charts and scorecards.

There was consensus that the selection of monitoring indicators should focus on practicality and immediate needs but should also bear in mind the ongoing need for monitoring indicators in the post-2015 development agenda, including as part of universal health coverage.

Strengthening implementation: Presentations on the activities in countries in relation to the Commission on Information and Accountability for Women's and Children's Health, on reaching every child with health interventions and family planning, demonstrated the importance of country-specific targeted interventions that directly address major bottlenecks identified in the country plans.

It was agreed that similarly targeted interventions needed to be developed in relation to nutrition and the potential of e-health to improve maternal, neonatal and child health care. Given the plethora of information technology and e-health or m-health interventions currently being promoted, country decision-makers will need support in identifying which systems are most relevant to their needs and most likely to be sustainable in the long term in terms of both financing and technical support. It was suggested that an information and knowledge-sharing facility or resource centre would be helpful to countries in this regard.

The importance of coordination among partners was emphasized, particularly in relation to nutrition, given that several countries are involved in the Scaling up Nutrition (SUN) initiative. The importance of having a strong evidence base for nutrition interventions for maternal, neonatal and child health was emphasized. For example, growth monitoring in the absence of supportive follow-up activities has been shown to be ineffective in improving children's nutritional status. Generating broad-based support to early and continuing breastfeeding through community interventions was identified as critical along with appropriate weaning practices.

The importance of integrating research into the maternal, neonatal and child health acceleration plans and beyond was emphasized, with a focus on operational or implementation research designed to overcome local barriers and ensure the effective implementation of strategies known to be effective. Capacity-building in research methods was identified as a need to be addressed, including through collaboration with local and regional research institutions.

A common motif running through all the presentations was the need for technical support and capacity development in both technical aspects of maternal, neonatal and child health as well as in health systems strengthening, research and monitoring and evaluation efforts. The discussions addressed the need for multifaceted approaches to technical support including first and foremost drawing upon the skills and expertise present in WHO country offices, in the Regional Office and headquarters. The possible benefits but also the limitations of developing lists of technical resource persons were examined. It was agreed that whereas such experts often have deep and detailed knowledge, they often have limited availability and are not always familiar with country challenges. A complementary strategy would be

to focus on institutional capacity development and draw upon locally availability expertise in institutes of public health, universities, health professional organizations and nongovernmental organizations.

Based on the discussions, the meeting concluded with a number of recommendations for WHO and partners.

3. Recommendations

High level commitment

1. Innovative mechanisms for high level advocacy should be discussed and agreed upon by all partners to ensure that national commitment is maintained and that countries allocate necessary human and financial resources to maternal and child health care services and support the implementation of maternal and child health acceleration plans.

Partnership and collaboration

2. Supportive mechanisms need to be identified to foster closer collaboration and coordination among WHO, UNICEF and UNFPA during the implementation of maternal and child health acceleration plans. This should be the focus of the coming meeting of Regional Directors of WHO/UNICEF/UNFPA in April 2014.

Fundraising

3. More efforts should be made to strengthen the resource mobilization and tap into existing funding opportunities (e.g. Global Fund, GAVI) at all levels of the Organization and governments. Country offices should also play a key role in mapping existing donors at country level and mobilizing resources

to support the implementation of maternal and child health acceleration plans.

Addressing other bottlenecks in the implementation of plans

4. Health system-related elements, in particular human resources, availability of lifesaving medicines and commodities, health information systems and supportive supervision, are weak in the high-burden countries and are adversely affecting the quality of maternal and child health services. In addition, the weak absorptive capacity for the existing funds in some countries, the weak capacities of peripheral health authorities to manage, monitor and implement the plans, the inadequate quality of maternal and child health services and the low utilization of public health services have been identified as important bottlenecks. In this regard, the following approaches are recommended.
 - Working closely with health system-related programmes to improve the health system-related elements as a priority. Responsible departments and programmes should urgently identify roles and responsibilities.
 - Strengthening implementation research to assist in improving quality of maternal and child health services and provide evidence for other maternal and child health areas.
 - Supporting e-health including m-health according to country needs and situation.

Monitoring

5. A maternal and child health monitoring framework should be developed to measure progress, quality and coverage of related services. Investing in the application of district health information systems can be examined in countries to strengthen the maternal and child health information system focusing on the district level.

Technical support

6. Capacity-building, improving quality of care, monitoring and evaluation, research and advocacy have been identified as areas that need technical support in high-burden countries in the Region. Establishment of a roster of experts to provide technical support in the identified areas is a priority. In this respect, it is recommended to look into the availability of national experts in the identified areas and encourage recruitment of experts within and between countries of the Region.
7. WHO and partners are requested to provide technical support to accelerate implementation of the plans, advocate and mobilize resources through joint country missions. The dates and terms of reference of these missions should be prepared and shared among all partners urgently.

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