

Summary report on the

WHO-EM/WRH/097/E

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

Amman, Jordan  
29 March–2 April 2015



**World Health  
Organization**

Regional Office for the Eastern Mediterranean

**Summary report on the**

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

Amman, Jordan  
29 March –2 April 2015



**World Health  
Organization**

Regional Office for the Eastern Mediterranean

© World Health Organization 2016

All rights reserved.

The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement. The mention of specific companies or of certain manufacturers' products does not imply that they are endorsed or recommended by the World Health Organization in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

All reasonable precautions have been taken by the World Health Organization to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either expressed or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall the World Health Organization be liable for damages arising from its use.

Publications of the World Health Organization can be obtained from Knowledge Sharing and Production, World Health Organization, Regional Office for the Eastern Mediterranean, PO Box 7608, Nasr City, Cairo 11371, Egypt (tel: +202 2670 2535, fax: +202 2670 2492; email: [emrgoksp@who.int](mailto:emrgoksp@who.int)). Requests for permission to reproduce, in part or in whole, or to translate publications of WHO Regional Office for the Eastern Mediterranean – whether for sale or for noncommercial distribution – should be addressed to WHO Regional Office for the Eastern Mediterranean, at the above address: email: [emrgoegp@who.int](mailto:emrgoegp@who.int).

## Contents

1.	Introduction .....	1
2.	Summary of discussions .....	3
3.	Conclusions .....	8
4.	Next steps .....	11

## **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. 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.

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 Mr Mohamed Abdel Ahad, UNFPA Regional Director for the Arab States. Mr Abdel Ahad highlighted the critical role of senior national policy-makers in programme support and

implementation. This leadership entailed 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 noted. 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 that 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. Maternal and child health services were being delivered by skilled health personnel within the framework of national health insurance, he said.

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 “Saving the lives of mothers and children in the Eastern Mediterranean Region” regional initiative 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 goals for sustainable development. These strategic directions would be the basis for establishing national reproductive, maternal, neonatal and child health plans for the period 2016–2020, he said.

All speakers in the opening session highlighted the importance of the adoption and implementation of cost-effective, evidence-based, scalable and lifesaving 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.

## **2. Summary of discussions**

### *2.1 Neonatal mortality*

There is a need to reduce the high proportion of avoidable neonatal deaths in the Region. Recent initiatives targeting the reduction of neonatal mortality include the Every Newborn Action Plan (ENAP) and quality of care around the time of birth. Cross-cutting gaps identified in the ENAP include inequities between urban/rural, rich/poor and educated/non-educated populations, a lack or misdistribution of skilled human resources, a lack of financial resources, the fragmentation and verticality of interventions, and a lack of adherence to updated guidelines and protocols.

Key actions to address these gaps include: the scaling-up of evidence-based interventions, including community-based, interventions; investing in the capacity-building of health providers at all levels, with a focus on skilled birth attendance and essential newborn care; identifying and targeting the most deprived population groups; task shifting to overcome shortages in human resources; and promoting the integration of maternal, newborn and child health interventions.

### *2.2 Maternal health*

There is a need to improve the coverage of evidence-based, cost-effective and life-saving “quick win” (low effort but high impact) interventions to prevent bleeding, sepsis and eclampsia during

childbirth. Improved coverage is also needed for antenatal, postnatal, emergency obstetric and neonatal care, and skilled birth attendance. Furthermore, basic and comprehensive family planning and preconception care interventions are needed. Quick win interventions are recommended to countries with a high burden of maternal death, including misoprostol for home delivery, calcium to pregnant women, modern contraceptive use and low-dose acetylsalicylic acid (aspirin) for high risk pregnant women.

Family planning is a key evidence-based and cost-effective intervention, contributing to a reduction in maternal, newborn and child deaths. The low use of modern contraception in the Region is due to a lack of information, incorrect beliefs, low access to reproductive and maternal health services, a lack of social and spousal support, and unsupportive environments and religious beliefs. To help address this situation, updated guidelines and resources on family planning exist to support countries in adopting norms and standards that improve contraceptive use.

The main challenges for reproductive, maternal, neonatal and child health programmes in countries include: the lack of updated guidelines; inadequate policies; low coverage of quick win interventions; 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); the wide gap between knowledge and family planning services; the lack of a surveillance system for maternal and child mortality; inadequate comprehensive preconception care; and the under-utilization of available services.

The priority actions for 2015 should be: updating national reproductive, maternal, newborn and child health guidelines and protocols; advocacy and planning for evidence-based, cost-effective and high impact interventions to address the leading causes of maternal death; building



the capacity of health care providers on comprehensive emergency obstetric and newborn care; the expansion of family planning services and reproductive health commodity security; strengthening the decentralization of maternal death surveillance and response; addressing adolescent sexual and reproductive health issues; and participatory learning with self-monitoring of the utilization of maternal and newborn services through pregnant women groups.

### *2.3 Child health*

The major causes of under-five deaths in the Region include pneumonia, diarrhoea and malnutrition. Interventions such as exclusive breastfeeding, community case management and other nutrition interventions need urgent attention from all high-burden countries. There is also a need to strengthen integrated management of childhood illness (IMCI) implementation without compromising ongoing life-saving interventions to reduce mortality from pneumonia and diarrhoea. Improving the coverage of high impact evidence-based interventions for child survival also requires improving subnational data, addressing equity and ensuring quality of care.

Countries with low child mortality rates need to focus more on quality of care and child health development, and improving adherence to guidelines and protocols to promote child health.

Gaps in the coverage of interventions include: the low coverage of evidence-based interventions such as exclusive breast feeding, treating pneumonia with antibiotics and oral rehydration therapy; low coverage of infant and young child feeding and integrated community case management interventions; the low quality of child health services; a lack of adherence to standards and protocols; a need to update IMCI guidelines; inequity and access issues; weak supply chain management; poor water and sanitation; and inadequate financial resources for scaling up evidence-based interventions.

Proposed actions include: a systemic review of child health, where needed, in countries; reviewing national plans to incorporate and scale-up interventions of the Protect, Prevent, Treat framework for pneumonia and diarrhoea; a special focus on exclusive breast feeding and nutrition interventions; promoting integration with water and sanitation sectors; addressing inequities and prioritizing hard-to-reach populations; and updating IMCI guidelines and proposing new modalities for training.

#### *2.4 Implementation of interventions*

Regional surveys undertaken to assess the implementation of cost-effective, evidence-based interventions for maternal, neonatal and child health and the status of human resources in countries have revealed a wide discrepancy in the implementation coverage rate. Some lifesaving interventions have not been comprehensively implemented in some settings, mainly due to issues at policy and systems levels. These include: a lack of supportive policies and regulations; a lack of, or inadequate, financial resources; poor logistic systems; low coverage of interventions; an inadequate or imbalanced distribution of a skilled workforce; poor supervision systems; and non-functional monitoring and evaluation systems.

#### *2.5 Health systems*

The main challenges in strengthening health systems related to maternal, neonatal and child health include: an unregulated private sector; the unstable security and political situation in many countries; poor data quality; incomplete human resources policies; high out-of-pocket expenditure; and a lack of national funds for essential medicines.

Key proposed strategies to address these challenges include: the enforcement of regulations and modification of existing ones; community engagement in planning for service delivery; promoting intersectoral coordination and collaboration for health information

systems; strengthening the human resources observatory (registry and database including mapping gender, geographical coverage, experience and continuous education); expanding the insurance umbrella to cover all, with a focus on mothers and children; and ensuring a national budget line for essential medicines and coordinating donor inputs.

## *2.6 Progress review and strategic planning for post-2015*

Eight of the nine Millennium Development Goal (MDG) priority countries presented their progress in implementation of the maternal and child health acceleration plan, highlighting major achievements, challenges and the way forward.

Commonly-identified challenges included political instability and insecurity, a lack of financial resources, and a shortage and rapid turnover 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 are 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.

Major strategic directions in maternal, newborn and child health for post-2015 include: promoting universal health coverage through improving access to maternal and child health services targeting under-served populations; increasing the coverage of maternal, newborn and child health care interventions in an integrated manner at all levels with a particular focus on the community level; advocacy to increase national budgets allocated for maternal, newborn and child health and mobilizing additional resources from various health partners/donors to support plans; developing country plans of action for pneumonia and diarrhoea that address protection, prevention and treatment interventions; prioritizing the quality of services through accreditation, certification and licensing, and ensuring adherence to

guidelines and protocols; strengthening maternal and newborn death surveillance and response systems; reinforcing mechanisms to address shortages and the mal-distribution of health care providers; and strengthening supply chain management systems.

### *2.7 Maternal and child mental health*

The integration of mental health into maternal and child services is highly relevant to the contexts of countries in the Region. However, there are major potential challenges including a lack of understanding by policy-makers, a focus in programmes on mortality rather than morbidities, 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.

### *2.8 Partners' meeting and the way forward*

UNFPA, UNICEF and WHO teams discussed the current challenges facing 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, the agencies need to find the most suitable coordination mechanism to facilitate support to governments. A regional level meeting will be held before the annual regional directors meeting.

## **3. Conclusions**

Between 1990 and 2013, maternal mortality in the Region 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 drastically affected by emergencies that requires 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 in maternal, neonatal and child health service coverage, uneven quality of care and gaps in the continuum of care can be addressed through evidence-based, cost-effective interventions.

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 lifesaving interventions in maternal, neonatal and child health based on the guiding principles of equity, quality and universal health coverage. Relevant guidelines 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, and improving quality of care (particularly for childbirth and the first week of life) for mothers, newborns and children. Moreover,

infection control measures play a major role in preventing maternal and child mortality, particularly in high burden countries.

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.

Strategic plans need to be built that address maternal, neonatal and child health interventions in accordance with the six health system building blocks, using the infection control assessment tool and quality control documents developed by WHO to improve the quality of care of mothers and children in the Region.

The 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 ensuring optimal outcomes achieving maternal, neonatal and child health.

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.

## 4. Next steps

### *Member States*

1. Finalize maternal, neonatal and child health strategic priorities and directions for 2016–2020 in line with the maternal and child health post-2015 agenda and the relevant sustainable development goals, and submit to WHO within six weeks.
2. Focus in strategic plans on the key evidence-based and cost-effective interventions with a high impact on maternal, neonatal, child and adolescent health.
3. Adapt and integrate global initiatives and strategies, such as the ENAP, the integrated global action plan for pneumonia and diarrhoea (GAPPD), into strategic plans.
4. Discuss draft plans and develop a consensus with concerned departments and key stakeholders in countries.
6. Consolidate the role of the reproductive, maternal, neonatal, child and adolescent health taskforce in guiding national efforts for maternal and child health.
7. The taskforce should address adolescent health care in an integrated and comprehensive approach to ensure quality of care along the continuum of care.
8. Identify the key social determinants of health, nutrition and other underlying causes of maternal and child mortality in mortality reviews for consideration while developing country strategic plans.
9. Strengthen and prioritize maternal, neonatal and child health in conflict-affected countries to scale-up all life-saving interventions in those settings.
10. Consider 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.

11. Strengthen plans to mobilize the domestic resources required to support the cost of implementation of strategic plans.
12. Develop a comprehensive approach to developing a workforce, ensuring relevant policies, skills development, needs-based distribution and on-the-job continuous training (pre-/in-service).
13. Strengthen monitoring and evaluation systems, with a focus on equity, including process and outcome indicators, surveillance and health information systems, in order to assess progress and guide performance of reproductive, maternal, neonatal and child health programmes. Moreover, operational/implementation research and innovations should be regarded as a critical element in improving maternal and child health outcomes.
14. Integrate mental health into maternal, neonatal and child health platforms using the available evidence-based guidelines and cost-effective interventions.

*UNFPA/UNICEF/WHO*

15. Review the submitted plans and provide technical feedback.
16. Provide technical support to countries, as necessary.



The image features a minimalist, abstract design composed of several rectangular blocks. A large teal block occupies the top right and bottom right portions. A grey block is positioned at 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 contact information.

World Health Organization  
Regional Office for the Eastern Mediterranean  
P.O. Box 7608, Nasr City 11371  
Cairo, Egypt  
[www.emro.who.int](http://www.emro.who.int)