

Summary report on the

Third annual intercountry meeting of maternal and child health programme managers in the Eastern Mediterranean Region

WHO-EM/WRH/105/E

Amman, Jordan
11–14 September 2017



**World Health
Organization**

Regional Office for the Eastern Mediterranean

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1. Introduction

The World Health Organization (WHO) Regional Office for the Eastern Mediterranean, the United Nations Population Fund (UNFPA) Regional Office for the Arab States, and the United Nations Children's Fund (UNICEF) Regional Office for the Middle East and North Africa and Regional Office for South Asia held the third annual intercountry meeting of maternal and child health programme managers in the Region in Amman, Jordan, between 11 and 14 September 2017. The meeting was attended by 132 participants, including national staff from 19 countries, and representatives from the UNFPA, UNICEF, the Joint United Nations Programme on HIV/AIDS (UNAIDS), Office of the United Nations High Commissioner for Refugees (UNHCR), and WHO. The purpose of the meeting was to enable countries to scale up action in order to achieve Sustainable Development Goals (SDGs) related to maternal, newborn, child and adolescent health, and promote the transfer of knowledge and expertise to countries in order to ensure the wellbeing of women and children in collaboration with the H6 (WHO, UNICEF, UNFPA, UNAIDS, UN Women, the World Bank) agencies. The objectives of the meeting were to review progress made in the implementation of the UN *Global Strategy for Women's, Children's and Adolescents' Health (2016–2030)* and the WHO-UNICEF-led *Every Newborn* action plan in the context of maternal, newborn and child health, including key achievements, challenges and gaps hindering the improvement of women's and children's health outcomes in countries of the Region; prioritize reproductive, maternal, newborn and child health) evidence-based, cost-effective and high-impact interventions along the continuum of care; agree on reproductive, maternal, newborn and child health reporting indicators and measurements in line with SDG targets at regional level; identify support requirements for programmes at national level and requirements in terms of capacity to strengthen

maternal, newborn and child health coverage and quality of care within the framework of the H6 agencies; and strengthen interagency collaboration and coordination mechanisms at regional and country levels in order to achieve SDG17 (*Partnerships for the goals*).

The meeting was inaugurated by Dr Anirban Chatterjee, Regional Adviser, Health and Nutrition, UNICEF Middle East and North Africa Regional Office (MENARO), who highlighted the role of renewing the international community's commitment to achieving the SDGs focusing on maternal, child and adolescent health.

Dr Annika Ternald Knutsson, Chief of Sexual and Reproductive Health Branch, UNFPA headquarters, reiterated UNFPA's pledge to support initiatives to address the key issues and challenges leading to high maternal, newborn and child morbidity and mortality in the Region. Dr Knutsson highlighted the importance of strengthening midwifery care to ensure institutionalized deliveries and basic emergency obstetrics, both of which have a positive impact on maternal and newborn health outcomes.

Dr Yamina Chakkar, UNAIDS Regional Director for the Middle East and North Africa, highlighted UNAIDS' achievement of specific targets such as equitable access to health care services, the formation of relevant partnerships to address challenges facing women's, children's and adolescents' health, and the delivery of necessary interventions in line with the H6 initiative.

Dr Mahmoud Fikri, WHO Regional Director for the Eastern Mediterranean, stated that the third intercountry meeting represented a crucial opportunity to enable countries to accelerate efforts towards achieving relevant SDG targets, and promote transfer of knowledge and expertise to Member States in collaboration with the H6 agencies.

H.E. Dr Mahmoud Sheyyab, Minister of Health, Jordan, welcomed the participants and stated that investing in health services is a national priority in Jordan, and that good progress has been made in maternal, neonatal, and child health outcomes due to the improvement of preventive and curative health policies in the country.

2. Summary of discussions

The burden of maternal and child mortality remains high in the Region; however, the causes of these high mortality rates are well-known, and these rates can be reduced through the adoption of evidence-based interventions. The implementation of a continuum of care approach is vital in order to improve health services in the Region.

The following issues were discussed: addressing inequities in access to and quality of services; ensuring continuum of care and universal health coverage for comprehensive care; targeting the main causes of maternal, newborn, child and adolescent mortality; establishing humanitarian preparedness for and response to needs; and ensuring accountability to improve quality of care and equity of accessibility.

There was a consensus on the fact that challenges to progress remain due to social determinants of health, and there is still a lack of equitable access to reproductive, maternal, newborn, child and adolescent health care in the Region. Midwifery services are also facing serious challenges such as a maldistribution of qualified midwives, and limited capacity-building is hindering the quality of existing services. The integration approach is crucial and needs to be translated at the implementation level with a continuum of care approach. The integration of reproductive, maternal, newborn, child and adolescent health services in health systems along the continuum

of care, coupled with equity, quality, and accountability, are essential to ensure improved health outcomes.

Participants discussed equity-based approaches for accelerated progress in reproductive, maternal, newborn, child and adolescent health, and the outcome of a study conducted by UNICEF on global progress in child health was presented. Data showed that the number of deaths can be reduced by investing in health services at facility and community levels through the adoption of evidence-based and cost-effective interventions. High-impact intervention coverage has increased most rapidly among the lower-income sections of society, and given the fact that increased health coverage narrows the gap in mortality rates between poorer and wealthier populations, there is a need to accelerate progress towards achieving SDGs through reaching vulnerable populations.

A debate was also held on the role of the minimum initial service package of reproductive health services in emergency settings, and participants discussed the preparation of a response plan for these services. Most countries of the Region need to consider adopting of evidence-based, cost-effective and high-impact interventions in humanitarian settings when developing their national strategic planning. The activities of the Inter-agency Working Group on Reproductive Health in Crises were conducted jointly with UN partners to serve these countries, and stressed the need for operations research to examine means for optimal reproductive health programme management, tools and guidelines, and surveillance systems, which focus on both communicable diseases and maternal and newborn health. Midwives were recognized as being on the front line of care provision in crisis and emergency situations. Midwives have the capacity to ensure normal deliveries but also deal with maternal and newborn health complications, and therefore need more support regarding regulations, education and practices. Strengthening community-based interventions

is a priority, including family planning, prenatal and childbirth care services in emergency settings.

The first panel discussion focused on scaling up progress on evidence-based, cost-effective and high impact interventions. Five countries shared relevant experiences on strengthening quality of care, health information systems, and capacity-building in maternal health. The participants recommended that in order to implement cost-effective interventions, governance, leadership and advocacy for support for the implementation process must be ensured; the planning process must have clear and specific objectives; human resources and technical capacities should be strengthened; while improving health coverage, quality of care at all levels must also be ensured; and networking with close coordination and collaboration should also be carried out.

The second panel discussion focused on the role of the H6 partners in supporting countries in the implementation of cost-effective interventions, and stressed the importance of collaboration among all partners for the success of this facilitating role. Multisectoral approaches are necessary, especially for certain programme areas such as adolescent health. Coordination mechanisms and accountability among the H6 partners are required in the context of the six building blocks of the WHO health systems framework. The panel recommended the formation of an H6 partners' steering committee at national level to streamline relevant activities and strengthen collaboration and coordination among the concerned parties.

The third panel discussion focused on current practices and gaps related to child and adolescent health care services in humanitarian crisis settings. Participants agreed that the integrated management of newborn and child illnesses and nutrition programmes are well represented in the regional UN health clusters, and that the

engagement of UN partners was reasonably adequate. Disruptions to health care systems hinders the provision of child and adolescent health care services in health facilities or at community level; nonetheless, existing packages such as chlorhexidine and midwifery kits have been recognized as an enabling factor in the provision of basic services. The real challenge, however, is bridging the gap in workforce capacity to provide the necessary health services. Coordination among partners is required in both the planning and implementation phases. The Afghanistan experience in establishing a national reproductive, maternal, newborn, child and adolescent health taskforce dealing with planning, implementation and monitoring, and evaluation, using standardized approaches and guidelines and helping in resource mobilization, was presented and discussed.

The fourth panel discussion focused on health care service response in humanitarian crisis situations. A brief was provided on the emergency reproductive health kits consultation. The main issues highlighted were problems with commodity expiry dates, that is, by the time many of the commodities included in the kits had been delivered and stored, a significant amount of their shelf life had often already passed); and changes to the list of contents of the kits, which have resulted in the delivery of some items that are not needed, not registered, or not permitted at country level, for example, female condoms. The experience of Iraq, Jordan, Syria and Yemen showed that planning for reproductive health kits was made on the basis of rapid needs assessment and existing qualified human resources.

Group work was conducted to discuss and prioritize the key health areas for better coverage and quality of care in humanitarian crisis settings. Issues discussed were preparedness plans for health services, and the four programmatic steps for health responses: reproductive, maternal, newborn, child and adolescent health packages; reproductive, maternal,

newborn, child and adolescent health kits; guidelines and standards of care; and quality improvement capacity-building.

The discussion revealed that countries not in humanitarian crisis situations do not have any emergency preparedness plans in place. It was agreed that the first steps in the development of a preparedness plan were to conduct a rapid needs assessment and produce a clear description of existing resources, prioritize the areas of work required, define the services needed, and invest in the corresponding capacity-building activities. Monitoring and evaluation were seen as crucial to the assessment of the implementation of interventions through daily reporting and regular supervision. Most countries of the Region not in humanitarian crisis situations prioritized emergency programme areas including: family planning, obstetric care, child health, gender-based violence, and sexually transmitted infections. Action should therefore be taken to ensure the procurement of kits for health facilities, and guarantee that emergency preparedness plans are sufficiently well defined to enable effective advocacy for fundraising.

The discussion on progress in developing newborn and child health programmes showed that there is lack of efficient national policies, limited financing, and poor quality of care. The participants underlined the need to adopt WHO guidelines in order to strengthen national newborn and child health policies and translate them into clear strategies and well-focused action. The discussion on the integrated management of childhood illnesses review indicated coverage diversity in countries of the Region. The outline of the child and adolescent health and development framework was presented, and feedback was collected from the participating countries.

In a discussion on key action points to be undertaken by the H6 partnership during the coming six months, it was suggested that the

agencies should finalize the terms of reference of H6 work in the Region; prepare a policy brief on H6 in the Region; Develop an H6 joint plan of action for 2018; and hold a joint meeting on the role of the H6 partnership in supporting reproductive, maternal, newborn, child and adolescent health in the Region.

A special capacity-building session was held to strengthen the assessment of reproductive, maternal, newborn, child and adolescent health-related SDG targets and indicators, and scale up the adoption of surveillance tools at country and district level through the implementation of accurate mortality registration systems operating in line with WHO standards and guidelines.

In a discussion on the mapping of regional reproductive, maternal, newborn, child and adolescent health data and related SDG targets and indicators, it was emphasized that civil registration and vital statistics systems remain crucial to the accurate measurement of maternal and child mortality rates. The discussion on the existing frameworks, tools, and guidelines to improve health information systems, including civil registration and vital statistics and maternal and perinatal death surveillance and response, highlighted persistent gaps and weaknesses in country health data collection and analysis and related SDG target implementation, especially regarding birth and death registration, and the availability of disaggregated data to reflect on inequity issues in health coverage.

Participants agreed that as most of the existing tools to improve health information systems address these systems' various different components separately, links between departments and partners are needed in order to generate accurate data. Disaggregated data are crucial to subnational data analysis, and therefore only by strengthening data collection will data analysis itself be strengthened.

While indicators of quality of care may vary among countries and depend on the sophistication of national health systems, it was agreed that all countries need to integrate agreed core reproductive, maternal, newborn, child and adolescent health indicators into their respective national health information systems. Discussions highlighted the fact that the main challenge in this regard is due to difficulties encountered while translating the set of agreed targets into corresponding action points. Other challenges concerned the setting of national targets in line with both the UN global strategy for women's, children's and adolescents' health and the SDGs, and the computation methodology for the annual rate of reduction of maternal, newborn and child mortality.

Participants also highlighted gaps in the capacity of routine national health information systems related to adolescent health and stillbirth indicators, and also stressed the difficulties involved in measuring maternal mortality rates, which included problems regarding the large sample size needed to capture these rates, and the consistency of national surveys on maternal mortality; the quality of civil registration and vital statistics; and changes in data sources and quality over time. Participants also highlighted the related difficulty of national policymakers continuing to expect precise mortality estimates despite these challenges.

Participants also discussed new estimation methodologies, and stated that in most cases, these hindered the policy-making progress and follow-up on reproductive, maternal, newborn, child and adolescent health programme outcomes, especially in the context of humanitarian crisis situations.

3. Recommendations

To Member States

1. Ensure national leadership and governance during the process of country strategic planning for reproductive, maternal, newborn, child and adolescent health.
2. Strengthen and operationalize reproductive, maternal, newborn, child and adolescent health-related policies and regulations in order to meet with needs in line with SDG targets.
3. Improve reproductive, maternal, newborn, child and adolescent health universal health coverage, including improvements to quality of care and the standardization of service protocols and guidelines.
4. Strengthen the integration of reproductive, maternal, newborn, child and adolescent health care services along the continuum of care.
5. Plan for emergency preparedness and response to ensure reproductive, maternal, newborn, child and adolescent health needs are addressed.
6. Ensure the convergence of H6 partnership at country level to ensure reproductive, maternal, newborn, child and adolescent health programme and service delivery.
7. Ensure effective implementation of relevant surveillance and response systems for reproductive, maternal, newborn, child and adolescent health programme monitoring and evaluation.

4. Next steps

- Establish or strengthen the existing national reproductive, maternal, newborn, child and adolescent health committees with H6+ partners to scale up programme management and support (to be completed between October 2017 and February 2018).

- Prioritize evidence-based, cost-effective, and high-impact interventions to be included in related country work plans (to be completed by December 2017).
- Develop and share country work plans for the 2018–2019 biennium, ensuring that the elements related to preparedness, costing and SDG-related targets and indicators are included in these (to be completed by January 2018).
- Prepare for a reproductive, maternal, newborn, child and adolescent health plan of action (to be completed by February 2018).
- Consider planning for country resources mobilization to support the implementation of country work plans (to be completed during the 2018–2019 biennium).

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