

*Making*  
**PREGNANCY**  
*Safer*

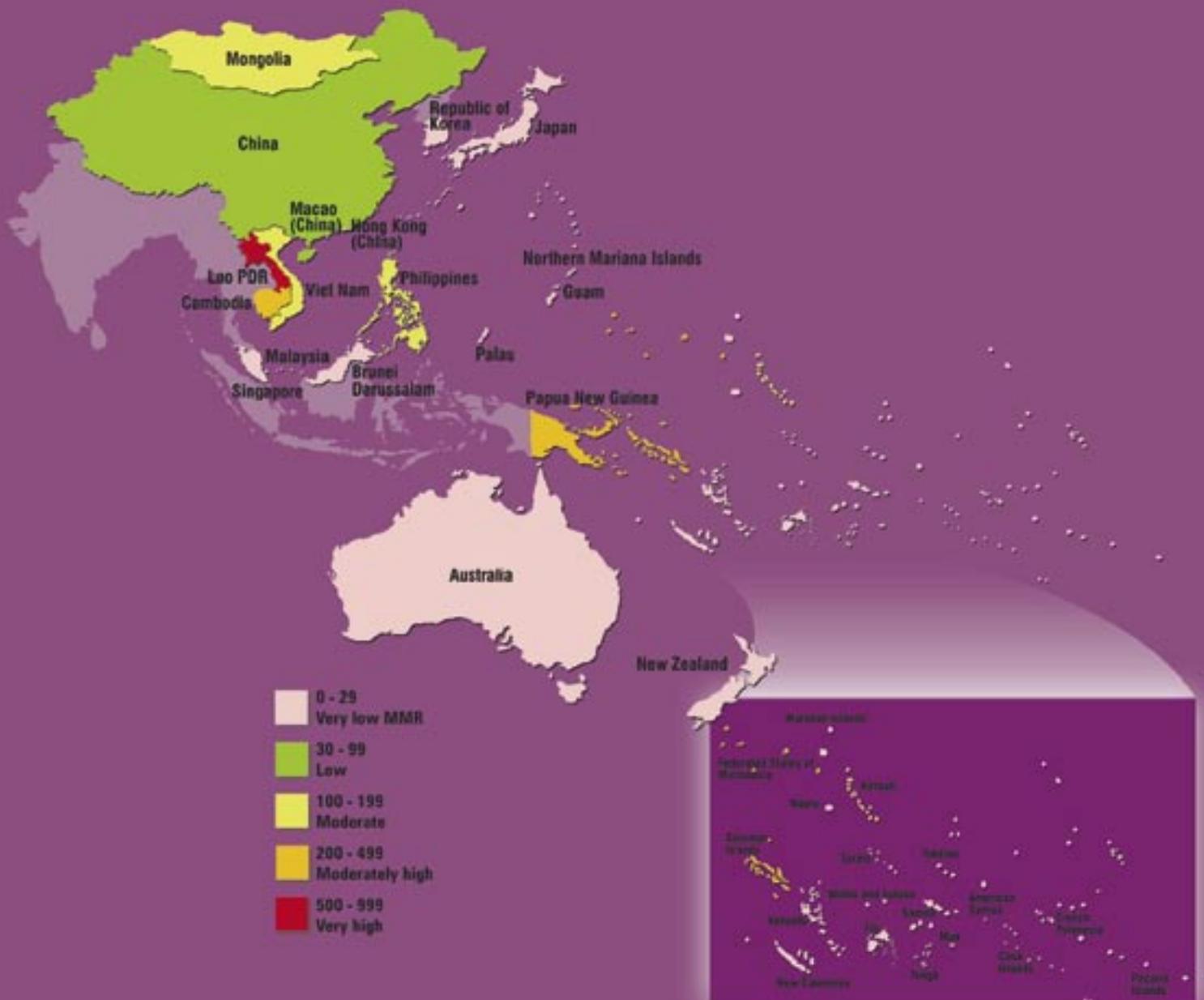
**REGIONAL STRATEGY**



World Health Organization  
Regional Office for the Western Pacific



## Maternal Mortality Ratio in 100 000 live births in the Western Pacific Region (2003)





## Issues and challenges

It is the right of every mother and newborn child to survive pregnancy and childbirth. Families, communities, and local and national governments have the responsibility to prevent their deaths. The maternal mortality ratio reflects women's basic health status, access to health care and the quality of care that has been provided. In the Western Pacific Region, every year there are 40 to 50 million pregnancies with 30 500 to 50 000 maternal deaths. More than 40% of those deaths occur in the priority countries, particularly from Cambodia, the Lao People's Democratic Republic, Papua New Guinea, the Philippines and Viet Nam. More than 300 000 newborns die every year within the first day of birth. Most of the complications related to pregnancy and childbirth that contribute to high maternal and newborn mortality are haemorrhage, eclampsia and sepsis. Thus, the presence of skilled attendants is crucial at every delivery, with appropriate referral and available emergency obstetric care available at the nearest facility in case of emergency for mothers and newborns. In Cambodia and the Lao People's Democratic Republic, over 90% of the deliveries take place at home without skilled birth attendants. On the other hand, in some of the priority countries where the percentage of deliveries by skilled birth attendants is high but there is still high maternal and newborn mortality, the quality of care needs to be questioned. Emergency referrals in the event of complications are also a problem, as families or local birth attendants may not be aware of existing facilities or women may be sent to hospital where the staff may not have the capacity to manage the complications.

## Regional Goal

To reduce, by 2015, the maternal mortality ratio by 75% of the 1990 level, and to contribute to the reduction of infant mortality by reducing the number of neonatal deaths.



Bi-regional workshop (WPRO and SEARO) on Progress of Maternal Mortality, October 2003. 19 countries and 100 participants participated. Co-sponsored by UNICEF and UNFPA.

# Regional Objectives

To support countries and areas in developing evidence-based policies and strategies for the reduction of maternal and newborn mortality.

To improve access to the full range of affordable, equitable and high-quality family planning and reproductive health services to increase contraceptive use rate and reduce unwanted pregnancies.

To improve the health and nutrition status of women of all ages, especially pregnant and nursing women.



# Strategic Approaches

- Promote government commitment to reduce maternal and newborn mortalities.
- Provide support to countries and areas for dissemination, adaptation, and implementation of evidence-based standards and guidelines for effective maternal and neonatal care.
- Provide support to countries and areas for trained skilled attendants to reduce maternal and newborn mortalities.
- Empowerment of individuals, families and communities to increase their control over maternal and neonatal health.
- Provide support to improve monitoring and evaluation of maternal and newborn health.
- Strengthen partnership with international agencies and nongovernmental organizations for sustainable “making pregnancy safer” programmes in the countries and areas.





## Regional Expected Results

- Technical and policy support provided to countries and areas for finalizing and implementing national plans of action for the reduction of maternal and newborn mortality.
- Adequate technical support provided for dissemination, adaptation and implementation of evidence-based standards and guidelines for effective maternal and neonatal care.
- Technical support provided in training of skilled attendants in basic and emergency obstetric care and newborn care.
- Technical support provided to priority countries and areas to make the continuum of care more effective.
- Technical support provided in improving the recording and reporting systems for maternal and newborn health care.
- Effective partnerships strengthened, and promoted to provide support to countries and areas for sustainable maternal and newborn health services.



## Indicators

- Number of national plans of action for the reduction of maternal and newborn mortalities.
- Number of countries and areas that have disseminated, adapted, and implemented the evidence-based standards and guidelines for effective maternal and newborn care.
- Number of national training courses for skilled attendants (doctors, nurses and midwives) supported.
- Number of priority countries and areas that have mechanisms for involving individuals and communities in maternal and newborn health programmes.
- Number of countries and areas having conducted training on maternal death reviews.
- Number of countries and areas having conducted pilot tests on maternal mortality.
- Number of meetings held between WHO, other stakeholders and international agencies.
- Number of joint plans developed between WHO and other stakeholders and international agencies.

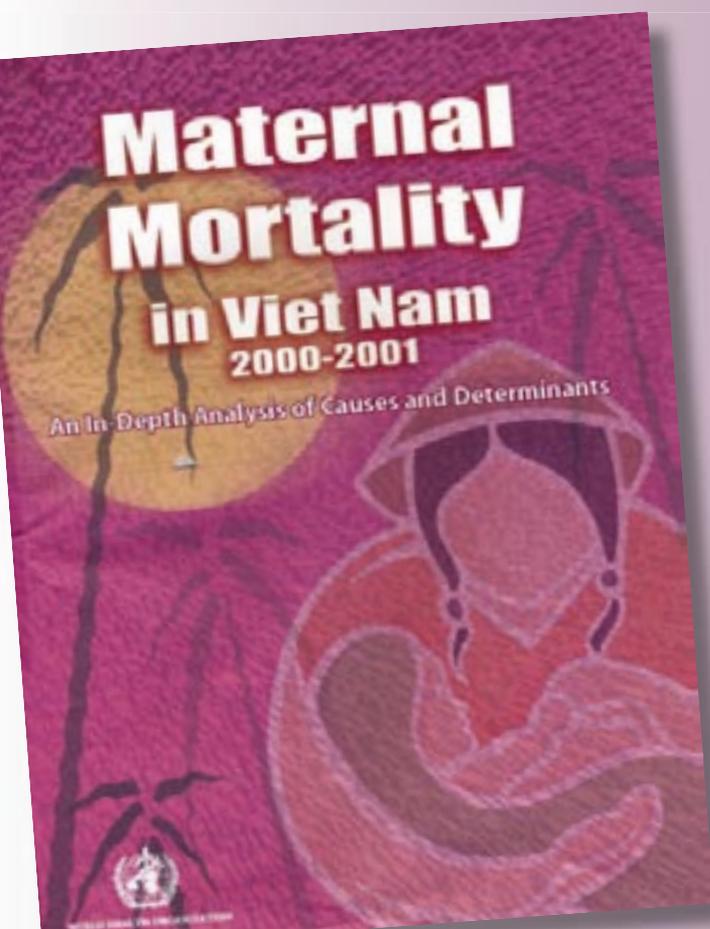
# Achievements

## (1) Government commitment to reduce maternal and newborn mortalities was promoted.

- A biregional workshop on the progress of maternal mortality reduction was held in October 2003 in Manila. National plans of action (2005-2010) were drafted.
- Five priority countries (China, Cambodia, the Lao People's Democratic Republic, Mongolia, and Viet Nam) have finalized and started implementing their national plans of action (2005-2010) on maternal mortality ratio (MMR) reduction and reproductive health.

## (2) Service capacity was increased at the community level and the referral level in all the priority countries.

- All seven priority countries (China, Cambodia, the Lao People's Democratic Republic, Mongolia, Papua New Guinea, the Philippines and Viet Nam) have developed guidelines and service protocols based on the manual, *Managing Complications in Pregnancy and Childbirth* (MCPC).
- Two priority countries (the Philippines and Viet Nam) have developed guidelines and service protocols for newborn care.
- Birth attendants were trained in Solomon Islands.
- Midwives were trained in Vanuatu.
- Several referral hospitals in the Lao People's Democratic Republic and Mongolia have been furnished with basic equipment.
- MCPC has been translated into five languages (Cambodian, Chinese, Laotian, Mongolia and Vietnamese).
- *Pregnancy, childbirth, postpartum and newborn care* (PCPNC) has been translated into three languages (Chinese, Mongolian and Vietnamese).
- Trainings on PCPNC have been conducted in three priority countries (the Lao People's Democratic Republic, the Philippines and Viet Nam).
- Training curriculum on PCPNC has been prepared for the 10 Pacific island countries.
- Training on PCPNC has been conducted in 10 Pacific island countries.



**(3) Information systems were strengthened to monitor the progress of achieving Millennium Development Goal (MDG) 5 and improving the quality of care.**

- All seven priority countries have recognized the importance of a monitoring system. Some improvements have been made to their monitoring systems for assessing the progress of MMR reduction and status of reproductive health (e.g. new data collection form developed, cooperation mechanism between Maternal and Child Health and Health Information and Evidence for Policy established).
- Regional workshop on strengthening maternal death reviews to improve the maternal and newborn health services was conducted. A manual for health planners and providers, *Beyond the Numbers*, was introduced.
- Maternal Mortality Survey in Viet Nam has been published.
- The maternal and child health surveillance system software has been developed and tested in Solomon Islands. Training was conducted for six island countries.
- A pilot test of the reproductive health surveillance system was conducted in 2003 in Solomon Islands. *The International Edition of Reproductive Health Surveillance System (RHSS) User's Manual* was printed in 2005.
- Training on management information systems was conducted in Kiribati.

**(4) Family planning promoted to reduce unwanted pregnancy.**

- Regional workshop on improving the quality of family planning was conducted. *Guidelines for the management of sexually transmitted infections and reproductive tract infections* was introduced.
- 10 Pacific island countries have revised the service protocol of family planning to improved the quality of service.
- Nine countries have published literature and programme reviews on adolescent sexual reproductive health.
- A Framework for Accelerated Action for sexual and reproductive health of young people has been finalized by WHO, United Nations Population Fund (UNFPA), United Nations Children's Fund (UNICEF), International Planned Parenthood Federation (IPPF).
- Seminars on sexually transmitted infections and HIV/AIDS have been conducted in Tuvalu.

**(5) Families and communities involved in improving maternal and newborn health.**

- Mother Friendly Hospital Initiative has been introduced and expanded to all the hospitals at *soum* and *aimag* level in Mongolia.
- Maternity waiting homes have been established in two provinces in the Lao People's Democratic Republic.
- Mobile clinics have been provided with health educators.
- A study on the prevention of anaemia among pregnant women is being conducted in Mongolia.

## **(6) Partnerships strengthened for Making Pregnancy Safer programmes in the priority countries.**

- UNICEF, UNFPA and other international and nongovernmental organizations have been involved in technical activities and meetings at regional and country levels.
- A biregional workshop on the progress of maternal mortality reduction was co-sponsored by UNICEF and UNFPA and more than 11 international agencies presented the workshop.
- A regional workshop on strengthening maternal death reviews to improve the maternal and newborn health services, which will be held in October 2005, is being co-sponsored by UNICEF and UNFPA.
- A regional workshop on improving the quality of family planning and introduction of the Guidelines for the Management of STIs/RTIs was co-sponsored by the Japan International Cooperation Agency (JICA) and UNFPA.
- UNICEF, UNFPA, IPPF, PATH and the Secretariat of the Pacific Community (SPC) were actively involved in the development and finalization of the Regional Framework for Accelerated Action for Sexual and Reproductive Health of Young People.



# Strategic Plan on Making Pregnancy Safer for 2006-2010

During the next five years, the most important task is to secure government commitment politically and financially, on making pregnancy safer, and to ensure skilled care at every birth within the context of a continuum of care. The integrated management of pregnancy and childbirth (IMPAC) will help shape technical support to countries in strategic and systematic ways to improve maternal, perinatal and newborn health.

**(1) To promote government commitment, politically and financially, to reduce maternal mortality.**

- Finalize and implement the national plan of action (NPA) on maternal mortality reduction.
- Promote equality between men and women and empower women to access quality and affordable maternal and newborn services.
- Encourage government to adapt the adolescent sexual and reproductive health framework to reduce teen-age pregnancy and unwanted pregnancy.
- Monitor the progress on the implementation of NPA.

**(2) To provide support to countries and areas for the dissemination, adaptation, and implementation of evidence-based standards and guidelines for effective maternal and neonatal care.**

- Continue to support the translation, adaptation and adoption of the evidence-base standards and guidelines according to the country situation.
- Provide support to the educational system for medicine and midwifery to revise the current curriculum using the updated evidence-based knowledge and skills (in cooperation with donor agencies, WHO Collaborating Centres, institutes and nongovernmental organizations).
- Support national and local training on the adapted and adopted guidelines and standards.
- Monitor and evaluate the training regularly in order to improve the quality of service.

**(3) To provide support to countries and areas for training of skilled attendants to provide continuum care for mothers and newborns.**

- In cooperation with other international agencies, support government to train midwives and birth attendants on IMPAC including managing complications in pregnancy and childbirth (MCPC) and pregnancy, childbirth, postpartum and newborn care (PCPNC) and other service guidelines.
- Promote governments to develop incentives policy to keep skilled birth attendants working in poor and remote areas.
- Increase the capacity of the referral system on managing complications in pregnancy and childbirth to back up the skilled birth attendants who work in the communities.

**(4) To empower the individual, family and community to increase their awareness of the importance of maternal and neonatal health.**

- Promote outreach services in poor and remote areas and ensure that services are affordable (summarize the different experiences on outreach services funded by different agencies).
- Summarize and expand the experiences on the maternity waiting home in Lao PDR and Mongolia.
- Improve the quality of maternal and newborn health services, promote and expand the experiences on mother-friendly hospital initiative (in Mongolia and Papua New Guinea).

**(5) To provide support to improve monitoring and evaluation of maternal and newborn health.**

- Integrate maternal and newborn recording and reporting system into the health information system in order to monitor the progress on achieving MDGs effectively.
- Expand the experiences on the MCH surveillance system, using software from Pacific island countries in the priority countries.
- Introduce and implement maternal death review (Beyond the Numbers) in the priority countries.

**(6) To strengthen partnerships for sustainable “making pregnancy safer” programme in countries and areas of the Region.**

- Strengthen the communication with agencies working on the area of making pregnancy safer and Safe Motherhood.
- Share the evidence-based service guidelines, standards and experiences with governments, agencies and private sectors in a timely manner.



# Plans for 2006-2007

## WPRO 2006-2007 PROGRAMME BUDGET FOR MPR (ICP 3.3)

	Expected Results	Activities	Budget US\$
1		Regional Coordinator (duty station: Manila)	* 300 000
2		Secretary (duty station, Manila)	* 35 000
3		International MPS Programme Officer (Lao People's Democratic Republic, Cambodia and Viet Nam)	* 900 000
4	ER 1	Technical support provided to countries to follow up the implementation and mid-term review of national plans of action (11 countries)	110 000
5	"	Regional meeting for WHO Collaborating Centres for effective partnership to reduce maternal and newborn mortality	60 000
6	ER 2	Regional workshop on Active Management of Third Stage of Labour (six priority countries)	50 000
7	"	Technical support provided for monitoring and further expansion of Mother Friendly Hospital Initiatives in Mongolia (2 imags)	75 000
8	"	Technical support provided to monitor three pilot Maternity Waiting Homes in Lao People's Democratic Republic	50 000
9	ER 3	Development of regional tools, adaptation, printing and translation in six priority countries	50 000
10	"	National Training on MCPC, PCPNC and newborn care in six priority countries	* 300 000
11	"	Regional workshop on introduction of IFC (six priority countries)	40 000
12	ER 4	Technical support provided to the countries to strengthen the monitoring and evaluation systems for maternal mortality (follow up after the two monitoring workshops for maternal mortality)	40 000
13	"	Technical support provided to conduct maternal mortality survey in five priority countries in cooperation with other agencies	* 250 000
14	"	Regional workshop on the introduction of Beyond the Numbers (six priority countries )	40 000
15		National training on improving quality of care for family planning to reduce unwanted pregnancy	65 000
16		Studies on pregnancy and anaemia, pregnancy and malaria and HIV/AIDS in Cambodia, the Lao People's Democratic Republic and Viet Nam.	* 150 000
17		Updating national clinical and service protocols and standards on PPH and newborn care in five countries	50 000
		<b>Grand total</b>	<b>2 565 000</b>

\* need collaboration and resource mobilization for funding of the activities as indicated.

# Annex

## Global “Making Pregnancy Safer” Executive Summary and the Strategic Directions

No issue is more central to global well-being than maternal and perinatal health. Every individual, every family and every community at some point is intimately involved with pregnancy and the success of childbirth. Yet every day, 1600 women and over 5000 newborns die due to complications that could have been prevented.

This strategy paper sets out a way forward for making pregnancy and childbirth safer for women and their newborns, and accelerating the reduction of maternal and perinatal mortality and morbidity – especially in the developing world, where 90% of these deaths occur.

It notes with great concern that at current trends, the international community will fail to meet its Millennium Development Goals of reducing by three-quarters the maternal mortality ratio, and reducing by two-thirds the ‘under-five’ mortality rate. If these targets are to be met then the international community will need to redouble its efforts. What has been missing until now is a concrete global plan – and focused efforts at the country level – to translate these international commitments into lives saved.

The key message in this paper is the need to ensure skilled care at every birth within the context of a continuum of care. Integrated Management of Pregnancy and Childbirth (IMPAC) will help shape technical support to countries in strategic and systematic ways to improve maternal, perinatal and newborn health.

The paper sets out four strategic areas with 12 component strategies to reach the target of assuring skilled care at every birth within the continuum of care principle.

**Strategic direction 1:** Building a conducive social, political and economic environment to support timely actions in countries

- Objective 1: Provide evidence-based information to governments, stakeholders and the international community using a combination of approaches for timely actions
- Objective 2: Increase community awareness and demand for access to quality maternal and newborn services
- Objective 3: Build commitment at national, regional and global levels among nations and development partners to increase and sustain investment in countries

**Strategic direction 2:** Responding to country needs to achieve universal coverage of essential interventions that will ensure skilled care at every birth

- Objective 1: Develop, update and provide evidence-based IMPAC programme and implementation tools and guidelines
- Objective 2: Build regional and national capacities through technical support, which will result in improved health system response and quality
- Objective 3: Increase utilization of services through support of individuals, families and communities
- Objective 4: Bridge programmatic gaps, review lessons learned and experiences gained, gather evidence and manage knowledge

**Strategic direction 3:** Building effective partnerships across relevant programmes and partners for coordinated actions in countries

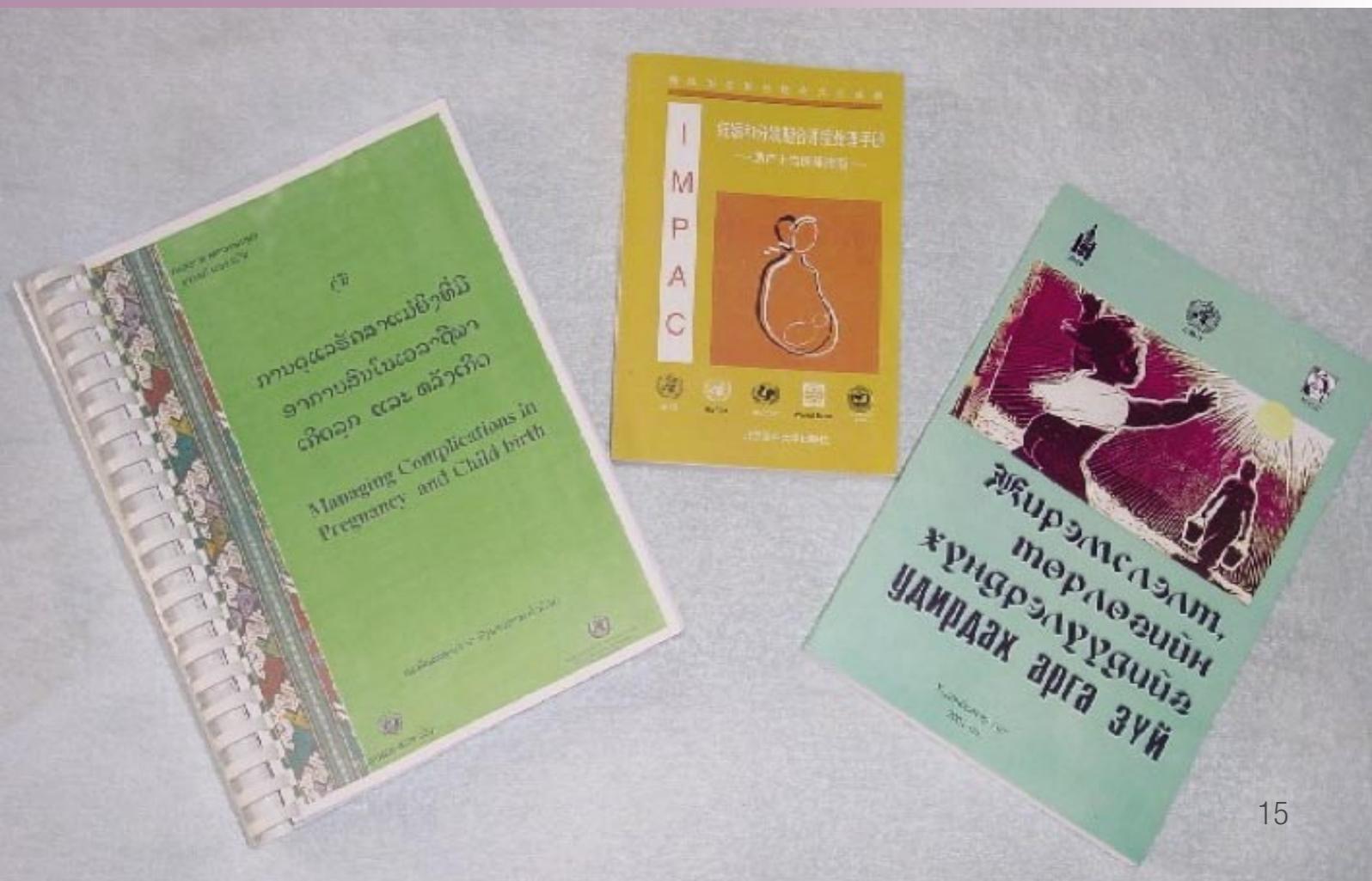
- Objective 1: Strengthen collaboration and integration with other primary health care programmes
- Objective 2: Build and strengthen an effective partnership at global, regional and country levels

**Strategic direction 4:** Strengthening assessment, monitoring and evaluation for better decision-making by policy-makers and planners

- Objective 1: Build and strengthen country-specific surveillance and monitoring of coverage of services using modern and innovative approaches including geographic information systems (GIS)
- Objective 2: Strengthen the analysis, interpretation, use and exchange of data for programme planning at all levels
- Objective 3: Strengthen global monitoring of maternal, perinatal and newborn health process and outcome indicators and measure progress

These strategies are part of WHO's efforts, in collaboration with governments and partners, to improve significantly maternal and newborn health.

The continuing high incidence of maternal and perinatal mortality and morbidity is unacceptable precisely because it is solvable – we know how to make pregnancy and childbirth safe. The task is enormous but not insurmountable. Our efforts of investment need to be equal to the tasks and intensified if maternal and perinatal morbidity and mortality is to be reduced.







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