

Summary report on the

**Consultative meeting on
strengthening maternal, perinatal and
neonatal health surveillance systems**

Beirut, Lebanon
28–30 October 2010



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**World Health
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1. Introduction

A consultative meeting on strengthening maternal, perinatal and neonatal health surveillance systems in the Eastern Mediterranean Region was held in Beirut, Lebanon, from 28 to 30 October 2010. The meeting was organized by the WHO Regional Office for the Eastern Mediterranean (WHO/EMRO), in collaboration with the American University of Beirut. The meeting objectives were to:

- Share information and experiences on existing maternal, perinatal and neonatal surveillance systems in countries of the Region;
- Determine the required steps for establishing an integrated maternal, perinatal and neonatal surveillance system under the umbrella of a collaborative network among private and public health care institutions in the Region; and
- Identify appropriate mechanisms and actions for operating the established network and utilizing its generated data in the participating countries and the Region for formulating supportive maternal and newborn health policies; implementing evidence-based interventions; and conduct relevant research activities.

The meeting was attended by 42 participants from 10 countries, as well as from the United Nations Population Fund (UNFPA), United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA), Royal College of Obstetricians and Gynaecologists (United Kingdom), Centers for Disease Control and Prevention (United States), Aga Khan Foundation (Syrian Arab Republic), and American University of Beirut, along with WHO staff from headquarters, the Regional Office and country offices of Iraq and Lebanon.

The meeting was opened by Dr Haifa Madi, Director, Health Protection and Promotion, WHO/EMRO, who delivered a message from Dr Hussein A. Gezairy, WHO Regional Director for the Eastern Mediterranean. In his message, Dr Gezairy pointed out that information, reporting and

surveillance systems of national reproductive health programmes continued to be inadequate and inefficient in identifying major determinants of reproductive health in many countries of the Region. This situation had resulted in lack of evidence-based programme planning and development. Hence, priority reproductive health programme areas, especially the health of mothers and newborn babies, had been left poorly addressed in these countries. Dr Gezairy emphasized that expanding successful experiences in maternal and neonatal health surveillance to Member States was crucial to fulfilling global and regional commitments to improving maternal and child health.

Dr Hilda Harb, Director, Department of Statistics, Ministry of Public Health, Lebanon, emphasized the commitment of the Ministry of Public Health towards strengthening the public health care delivery system, especially at the primary health care level. Dr Harb said that monitoring progress towards achieving MDGs indicates that Lebanon was “on track”, especially in the context MDG 4 and 5. The mortality rate among children under 5 years was currently 18.3 per 1000 live births, reflecting good progress towards the target of 12 per 1000 live births by the year 2015. Similarly, a significant reduction had been achieved in reducing the maternal mortality ratio from 104 per 100 000 live births in 1996 to 26 per 100 000 live births in 2008. The Ministry of Public Health in Lebanon paid special attention to surveillance systems directed towards monitoring maternal and newborn health outcomes, as they determined the outcome of the existing services and guided the development and implementation of cost-effective programmes.

Dr Fady Bitar, Vice-Dean, Faculty of Medicine, American University of Beirut, welcomed the participants and expressed his thanks to the WHO Regional Office for the Eastern Mediterranean for holding the meeting in Lebanon, as it provided an excellent opportunity for establishing a regional network that would facilitate and support national efforts aimed

at strengthening maternal and neonatal surveillance systems in countries of the Region.

Dr Khalid Yunis (Lebanon) and Ms Pascale Nakad (Lebanon) were elected Chairperson and Rapporteur, respectively. The meeting methodology included updates on maternal, perinatal and neonatal morbidity and mortality reviews and surveillance systems, presentations on successful experiences and best practices in the participating countries and group work sessions.

Draft workplans for addressing maternal, perinatal and neonatal health surveillance systems in the participating countries were developed at the final day, and major conclusions and recommendations were discussed in a plenary discussion in order to determine future steps.

2. Conclusions

- Continuing discrepancies in maternal and neonatal health data at the country, regional and global levels lead to uncertainty and inadequate response to maternal and neonatal health needs.
- Health surveillance systems in Member States are at different levels of development, ranging from nascent and fragmented data collection to operational advanced systems.
- Insufficient reporting, surveillance and information systems and poor quality of available data jeopardize national efforts aiming at improving maternal and neonatal health.
- Poor utilization of already available data in decision-making and planning is hampering efforts to improve maternal and neonatal health and is resulting in inefficient use of already scarce resources.
- The participants acknowledged the urgent need for introducing effective and sustainable maternal and neonatal health surveillance systems. Successful maternal, perinatal and neonatal health surveillance systems, demonstrated by some countries in the

Region and UNRWA, can serve as a role model to other Member States.

- Existence of parallel service delivery systems of multiple governmental sectors in addition to public and private health care sectors jeopardizes efforts in standardization of health service quality assurance.
- Populations that mainly rely on the private sector and other non public health services are usually not included by the national health information system limits representativeness of health data available in most Member States.

3. Recommendations

To Member States

1. Evaluate existing maternal, perinatal and neonatal health surveillance systems and provide feedback to the Regional Office within six months, no later than 30 April 2011, utilizing tools recommended by WHO, and focusing on identifying the nature of the collected data, their quality and utilization.
2. Within three months after completing the evaluation of existing maternal, perinatal and neonatal health surveillance systems, finalize assessed plans of action aimed at establishing or strengthening effective and sustainable maternal, perinatal and neonatal health surveillance systems in order to guide national efforts in improving the health of women and children.
3. Ensure the active involvement of stakeholders in data collection, analysis and utilization of national guidelines and regulations.
4. Establish national multidisciplinary committees that involve all concerned partners to help guide surveillance system activities.
5. Standardize, regulate and implement procedures for health data collection, communication and analysis for decision-making, and

increase efficiency of data generation by standardizing procedures and simplifying necessary tools.

6. Develop standards for harmonizing and ensuring the quality of routine data collection and reporting systems among different health service providers.
7. Adapt successful experiences that address the priority reproductive health needs building on successful evidence-based interventions in the Region such as confidential enquiries of maternal deaths and birth defects.
8. Document successful experiences and practices in various levels of maternal and neonatal health surveillance systems to build on these practices and ensure consistency in quality of care.
9. Adopt national standards of care in support of maternal, perinatal and neonatal health surveillance systems

To WHO and other concerned agencies

10. Develop, in collaboration with partners and Member States, a tool to facilitate structured assessment of maternal and neonatal health surveillance systems in Member States.
11. Make available guidelines and standards for assuring quality of collected maternal and neonatal health data by 30 April 2011.
12. Provide necessary technical assistance to countries for establishing and scaling up maternal and neonatal surveillance systems based on recognized best practices inside and outside the Region.