

Summary report on the

**WHO/UNFPA/UNICEF joint
intercountry meeting of
national managers of
maternal and child health:
towards accelerating the
reduction of neonatal
mortality in the Region**

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Amman, Jordan
24–27 April 2016



**World Health
Organization**

Regional Office for the Eastern Mediterranean

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Contents

1.	Introduction.....	1
2.	Summary of discussions	3
3.	Next steps.....	6

1. Introduction

WHO Regional Office for the Eastern Mediterranean, United Nations Population Fund (UNFPA) Regional Office for the Arab States, and United Nations Children's Fund (UNICEF) Regional Office for the Middle East and North Africa and Regional Office for South Asia held a joint intercountry meeting of national managers of maternal and child health towards accelerating the reduction of neonatal mortality in the Eastern Mediterranean Region in Amman, Jordan, from 24 to 27 April 2016. It was attended by 140 participants from 16 countries of the WHO Eastern Mediterranean Region, together with experts from regional and international organizations and academic institutions, along with WHO, UNFPA and UNICEF staff from headquarters, regional and country offices.

The objectives of the meeting were to:

- develop an in-depth understanding of the Every Newborn action plan, share best practices and innovations, and identify the required implementation steps at the country level;
- share with maternal and child health national managers the latest updates and developments on the Global Strategy for Women's, Children's and Adolescent's Health, the operational framework, maternal, neonatal and child health target indicators, and the Global Financing Facility; and
- discuss the implementation process of reproductive, maternal, newborn, child and adolescent health (RMNCAH) operational workplans 2016–2017 and identify areas that need to be further strengthened in line with Sustainable Development Goal (SDG) targets, including response to countries in emergency situations and resource mobilization at all levels.

The meeting was inaugurated by Dr Ala Alwan, WHO Regional Director for the Eastern Mediterranean. Dr Alwan observed that newborn mortality and stillbirths were part of the unfinished agenda of the Millennium Development Goals for women's and children's health, and needed greater visibility in the SDG agenda if under-5 mortality were to be reduced. He highlighted the many newborn deaths and stillbirths that could be avoided each year if the actions in the Every Newborn action plan were adopted and implemented by all Member States and its goals and targets achieved.

Dr Peter Salama, UNICEF Regional Director for the Middle East and North Africa, noted the timeliness of the meeting as the world moved towards the SDGs. Dr Salama stressed the need for greater investment in newborn care to end preventable child and newborn deaths, including in emergencies. He stated that it was time to renew commitment to achieving the new SDG targets, with a clear focus on equity and on preventing preventable deaths.

Mr Dan Waters, on behalf of the Regional Director, UNFPA Arab States Regional Office, highlighted the strong regional commitment to addressing the needs of mothers, newborns, children and adolescents everywhere, from the most stable settings to the most volatile, vulnerable and fragile settings. He said that no one should be denied their right to health simply because of where they lived, the context they lived in or the particular life-saving services they needed.

A joint statement issued by WHO, UNFPA and UNICEF reaffirmed their commitment to accelerating reduction of neonatal mortality in the Region through close collaboration with countries to meet the global targets adopted in the SDGs and the United Nations Global Strategy for Women's, Children's and Adolescents' Health (2016–2030).

2. Summary of discussions

The meeting included an expert panel discussion followed by seven technical and working group sessions on the five strategic objectives of the Every Newborn action plan, maternal and newborn health in emergency situations, and advocacy and resource mobilization for neonatal health.

Expert panel discussion on the RMNCAH global agenda and its implications for newborn health in the Region

There should be a focus on metrics at the country, regional and global level to track equity, measure the impact of interventions, develop packages for emergencies, and review and integrate monitoring and evaluation frameworks. An expert network is needed to ensure implementation of the research agenda and involve academic institutions in ongoing research.

RMNCAH should be addressed as part of a continuum of care, while focusing on newborn and adolescent health. The RMNCAH agenda is dependent on a functional health system, including health worker training, retention, and professional associations. The social determinants of health in the Region, including gender, conflict and lack of stability, need to be considered and the delivery of care adapted to the regional context.

There is also a need to improve community awareness and promote neonatal health through integrated service packages that respond to community needs. Partnerships should be developed within the governmental sector, and with civil society, the private sector and development partners.

Strengthening and investing in care during labour and the first day and week of life

There is a need to review, develop or update policies and legislation, and enforce current policies, including for birth registration, task shifting, private sector and decentralization. Plans for the integration of neonatal health, costings, identification financial gaps and resource mobilization should be developed or sharpened. Capacity-building in service provision and management, the development of a communication strategy to support care around birth and the first day and week of life, and the strengthening of community interventions for disadvantaged populations in remote and conflict areas are also needed.

Improving quality of maternal and newborn care

Protocols and guidelines to improve quality of care need to be developed or updated, investment made in the assessment of the quality of care, and maternal and perinatal death surveillance and response undertaken. Capacity-building of the health workforce should be done towards multidisciplinary teams and innovative approaches adopted to motivate the health workforce, such as performance-based financing.

Reaching every woman and newborn to reduce inequities

There is a need to perform equity and bottleneck analyses and to disaggregate data. An advocacy programme to promote equity needs to be developed. In terms of human resource policy development, there is a need to operationalize task shifting, develop a rendition plan, improve respectful behaviour, have more community midwives, and increase motivation. Action for newborn health should be integrated into existing RMNCAH initiatives and service delivery platforms.

Access needs to be improved, including physical access through midwives, community health workers, outreach services and mobile clinics, and with a focus on internal displaced populations and refugees. Financial access can be enhanced through tracking health expenditure for maternal and newborn health, social health insurance, health and social protection, and community health posts. Social access can be increased by developing an advocacy programme to address social barriers, adopting community and communication strategies to improve demand for services, through door-to-door initiatives and by addressing the social determinants of health.

Harnessing the power of parents, families and communities

There needs to be a situation analysis of the obstacles facing family and community involvement, along with advocacy for a policy of zero tolerance for preventable stillbirths, and maternal and newborn deaths. Community ownership and participation, and capacity-building of health staff in communication for development strategies, are also needed. Linkages between the community and health facilities and partnerships with nongovernmental organizations, civil society and other community organizations should be strengthened.

Counting every newborn through measurement, programme-tracking and accountability

There needs to be a focus on, and investment in, civil registration and vital statistics, and the review, updating and integration of national indicators for newborn health. Mechanisms should be put in place to track neonatal morbidity and disability, with full engagement of the private sector. Maternal, perinatal and neonatal death surveillance and response needs to be strengthened with a focus on perinatal death surveillance.

RMNCAH in emergency and humanitarian settings

Clear leadership and coordination among sectors is required, as is the allocation of financial and human resources. Contingency plans should be developed or updated and RMNCAH integrated into national emergency plans. A monitoring and evaluation plan should be put in place, including standardized tools and health indicators for data collection during emergencies. Capacity-building, including competency-based training on disaster risk reduction and RMNCAH in emergencies is also needed. The availability of essential commodities during crisis needs to be ensured, the mapping of communities undertaken and outreach services provided.

Advocacy and resource mobilization for neonatal health

The elements of a quality donor investment case should include clearly defined results outlining where the country wants to go (intended results) and the trajectory to get there. It should outline a prioritized set of investments rather than a comprehensive description of all RMNCAH interventions, costed within the envelope of resources available, with priorities costed and able to be implemented within the resources available. An alternative scenario with additional priorities for which funding is not currently available can also be included. A plan for monitoring results, including any investments needed to strengthen systems such as civil registration and vital statistics, should also be outlined.

3. Next steps*Member States*

1. Debrief high-level decision-makers, technical units and stakeholders on the meeting and its outcomes, and share endorsed

key actions with WHO/UNFPA/UNICEF regional offices by 10 July 2016.

2. Ensure commitment to implementation of the Global Strategy for Women's, Children's and Adolescents' Health (2016–2030), with a specific focus on newborn health.
3. Develop or update national RMNCAH strategic plans, with a strengthened newborn component, in line with the Every Newborn action plan.
4. Promote and implement evidence-based packages of interventions for RMNCAH, including quality care around the time of childbirth, special care for small and sick babies, infant and young child feeding, kangaroo mother care, maternal and neonatal tetanus elimination, and postnatal care. Invest in facility and community interventions, with a focus on emergency preparedness and response in all countries.
5. Invest in inter-departmental coordination and integration to ensure quality achievement in crosscutting areas such as maternal and neonatal tetanus elimination and infant and young children feeding.
6. Strengthen systems for monitoring, evaluation and accountability, including civil registration and vital statistics, maternal and perinatal death surveillance and response, and perinatal death and disability registries, as well as monitoring quality of care using new technologies such as eHealth and mHealth for information, communication and capacity-building.
7. Ensure that all essential commodities and supplies for maternal and newborn care are included in the essential medicines list and strengthen the supply chain mechanism, as needed.
8. Map partners and improve collaboration for newborn health, including with academic institutions, civil society, the private sector and other government programmes dealing with health and the social determinants of health (with a gender and adolescent focus),

and stimulate investment in research, implementation, monitoring and evaluation of maternal, newborn and child health programmes.

9. Ensure adequate linkages between relevant departments for emergency preparedness and response, within and outside the governmental sector, undertake systematic review and integration of RMNCAH into national emergency health plans, and integrate elements of emergency preparedness and response into capacity-building training activities for the relevant health managers and health professionals.

WHO/UNFPA/UNICEF and partners

10. Expand the regional partnership and agree on an interagency plan with joint strategies for advocacy, country support, monitoring and evaluation, and resource mobilization for ending preventable maternal and newborn mortality and stillbirths.
11. Ensure that key newborn indicators are integrated in global surveys and in generic guidance for development of demographic and health information systems, in line with the global Every Newborn action plan and other metrics under development, with clear definitions and standard measurement protocols. Facilitate periodic application of health facility and household surveys in countries to obtain rigorous and verifiable information to complement routine health information systems.
12. Strengthen health system components and divide responsibilities to ensure a harmonized approach to addressing inequities in RMNCAH services.
13. Build a repository of RMNCAH resources from all agencies and countries, and facilitate a regular flow of information on new guidelines, best practices and innovations in support of maternal and neonatal health care.
14. Stimulate research at the regional and country level to generate evidence of effective approaches to strengthen RMNCAH

implementation and reduce preventable maternal and newborn mortality and stillbirths, in particular for the underprivileged and in hard-to-reach areas.

15. Develop regional capacity, and a roster of consultants/institutions, in priority areas identified by countries such as research, capacity-building on newborn interventions, and communication for development including advocacy, social/community mobilization and behaviour change.
16. Build country capabilities in improving quality of maternal and newborn care in health services, including for home visits during pregnancy and the postnatal period.
17. Track delivery of RMNCAH services in emergencies, document good and promising practices, and enhance knowledge and experience-sharing in the Region. Better utilize regional humanitarian coordination groups and structures to advocate for prioritization of RMNCAH in emergency response plans.



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