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EUR/ICP/FMLY 94 02/MT02(A)

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ORIGINAL: ENGLISH

**INTERNATIONAL MEETING ON
STRENGTHENING MATERNAL AND
CHILD HEALTH AND FAMILY
PLANNING IN THE CENTRAL ASIAN
REPUBLICS, KAZAKHSTAN AND
AZERBAIJAN**

Report on a WHO Meeting

Tashkent

30 November – 2 December 1994

1996

EUR/HFA targets 7 and 8

ABSTRACT

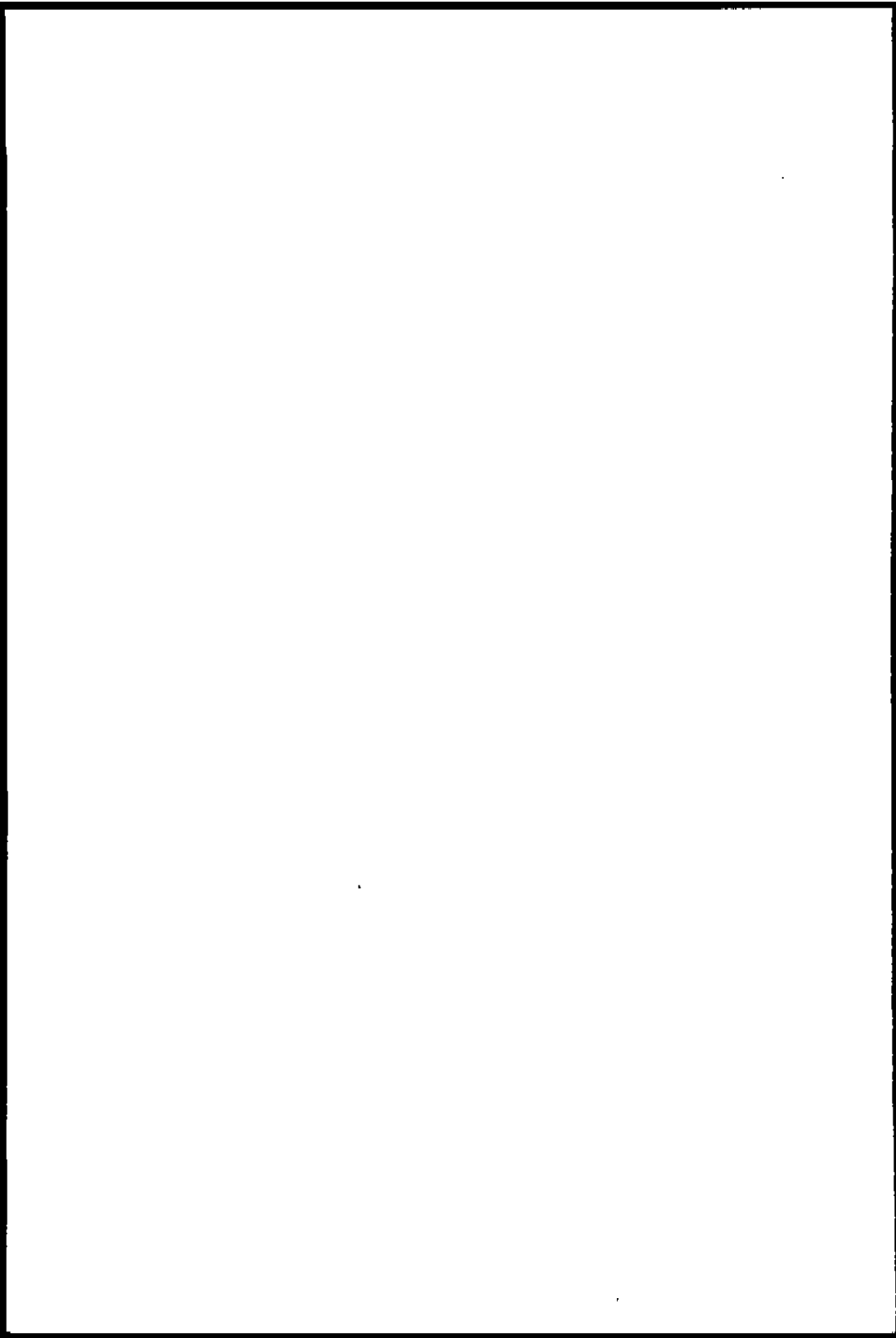
The WHO Regional Office for Europe held a meeting on strengthening maternal and child health and family planning in the central Asian republics, Kazakhstan and Azerbaijan. The 28 participants recommended that a joint WHO/UNFPA proposal for funding be developed for a five-year, six-country project to reduce maternal, perinatal and neonatal mortality and morbidity, and to promote the practice of child spacing through the use of family planning methods. Project partners should create a network of health providers and consumers for perinatal and neonatal health and family planning. This network should be supported by policies, legislation, guidelines, documentation, practices and teaching/learning packages. The partners should produce a valid, reliable database of quality indicators and measures as a basis for monitoring and evaluating the project's development, implementation and outcomes. A cadre of health personnel should be trained in diagnosis, risk assessment, early treatment and care practices, teaching and management methods, and evaluation techniques. These efforts are needed in order to replicate and extend the project in other areas. Local, regional and national media coverage should be provided through targeted messages to heighten public awareness of the needs of girl children, women and men during the childbearing and early child-rearing periods. Links should be established with primary and secondary schools, universities and training institutions to ensure the integration of content and methods into the curriculum.

Keywords

MATERNAL AND CHILD HEALTH
FAMILY PLANNING
(5) IPPF
NIS
KAZAKHSTAN
AZERBAIJAN

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INTRODUCTION

The WHO Regional Office for Europe (WHO/EURO) held a meeting on strengthening maternal and child health and family planning in the central Asian republics (CAR), Kazakhstan and Azerbaijan. The focus of the meeting, which 28 obstetricians and paediatricians attended, was on preventing maternal and infant mortality and morbidity and promoting family planning. The International Planned Parenthood Federation (IPPF) co-sponsored the meeting and representatives of the United Nations Children's Fund (UNICEF), the United Nations Population Fund (UNFPA), the United Nations Development Programme (UNDP) and the Deutsch Gesellschaft für Technische Zusammenarbeit (GTZ) participated.

Large-scale changes have taken place in the European Region after the dissolution of the USSR and the fall of its administrative and social security system. In some of the republics, including those represented at this meeting, health authorities have observed a deterioration in the health of the population, for example alarmingly high maternal and infant morbidity and mortality, two sensitive indicators of public health.

The latest officially reported figures for maternal and infant mortality rates are considerably higher than the European targeted levels of 15 per 100 000 live births and 20 per 1000 live births, respectively. These figures vary among the republics from 30.1 to 76.8 maternal deaths per 100 000 live births, and from 25.7 to 43.2 infant deaths per 1000 live births. Haemorrhage, toxæmia, infection (sepsis) and complications in connection with abortion continue to be the main causes of maternal mortality. Conditions of the perinatal period (premature birth, low birth weight, etc.), acute respiratory infections and diarrhoeal diseases are the main causes of infant mortality.

Despite notable progress in policy development and formulation of programmes on mother and child health in the CAR, Azerbaijan and Kazakhstan, certain difficulties remain. Recognizing this, the participating countries, particularly Uzbekistan, have undertaken a number of urgent measures which have already had a positive

effect on maternal and infant mortality and requested that this meeting be held as a basis for future planning and action.

Professor Shafkat Karimov, Minister of Health of Uzbekistan and Dr Jo Asvall, Regional Director of WHO/EURO outlined the agenda. They indicated that many efforts have been made to analyse the health needs and types of intervention necessary. Thus, the participants should use the meeting to develop a concrete planning document for implementation among the six participating countries.

A UNDP representative reaffirmed that organization's commitment to the effort and to coordinating and collaborating on a possible project in maternal and child health and family planning.

Dr Assia Brandrup-Lukanow, Regional Adviser for Sexuality and Family Planning and acting Regional Adviser for the Health of Women and Children, WHO/EURO, reviewed the scope and purpose of the meeting and suggested a rotating chairpersonship for each session. Dr Marie Farrell acted as Rapporteur. Annex 1 contains a list of working papers and background documents and Annex 2 lists the participants.

The purpose of the meeting was to further promote a favourable political climate for national and international collaboration in order to effect a successful programme in strengthening maternal and child health in the six participating countries, and to elaborate a mutually acceptable plan to develop and promote maternal and child health.

The objectives were to:

- analyse information on the situation and dynamics of maternal and child health in the CAR, Azerbaijan and Kazakhstan and on other factors contributing to emerging negative trends and the latest positive experiences;
- describe the key maternal and child health issues in the participating countries within a public health context;
- join forces in finding more effective ways to promote health and reduce maternal and infant morbidity and mortality by applying the principles of the WHO Safe Motherhood Initiative;

- define the tasks and main steps for the elaboration of national plans of action to strengthen maternal and child health services; and
- develop the roles and responsibilities of international organizations, WHO in particular, and the modes of collaboration in partnership with the Member States in achieving the goals.

The World Health Assembly Resolution on *Maternal and child health and family planning: Quality of care* (WHA47.9) served as part of the framework for the meeting. The Assembly adopted this resolution in 1994 to give priority to assessing and improving the quality of care of women and children in district-based health systems, as part of a global approach to family health. The resolution states that "reduced maternal death and increased maternal safety is one of the priorities for the Region".

In January 1994 the WHO/UNICEF joint committee on health policy stressed that "1994, as the International Year of the Family, provides an opportunity to underscore the importance of the joint efforts of UNICEF and WHO to promote and protect the health and welfare of mothers and children".

The participants agreed that several additional policies and principles should guide the development of a proposed project: quality of care, the Safe Motherhood Initiative, Baby-friendly Hospitals, the Tbilisi Declaration, the Vienna Statement on Investing in Women's Health in the Countries of Central and Eastern Europe, the UNICEF policy on gender equality and empowerment of girls and women, the UN Convention on the Elimination of All Forms of Discrimination against Women, and the UN Convention on the Rights of the Child. In addition, the participants considered the recommendations of the Joint Interregional Conference on Appropriate Technology for Birth and the EURO/PAHO Symposium on Appropriate Technology following Birth.

DISCUSSION

Dr Mark Tsechkovski, Director, Disease Prevention and Quality of Care, WHO/EURO, presented the keynote position paper on the health of the mother and child. He underscored the themes touched on by Dr Karimov and Dr Asvall related to the urgent need for action, accountability and a comprehensive approach to save women's and children's lives and to promote choice and responsibility in family planning.

The country representatives presented situation analyses describing the gravity of the situation and the factors associated with maternal death, including haemorrhage, sepsis and, in some places, the complications relating to induced abortions. The participants also examined the current approaches to treating and managing toxæmia. They reviewed the physiological and psychosocial needs of the young girl to complete the expected developmental tasks for adulthood and motherhood, and described the importance of nurturing the young girl and maximizing the chances for successful, responsible adulthood and parenthood. Presenters also outlined the criteria for a supportive environment during pregnancy, delivery and the period after birth. Promoting mother-baby relationships in a friendly environment, they noted, is psychologically important and improves the infant's chances of survival.

The participants noted that pregnancy and birth services should meet European standards. Presenters indicated that for women, the support of family members during the birth experience should be encouraged; for the newborn, breastfeeding, elimination of swaddling and proximity to the mother are essential. Changes are needed to reduce the high levels of poverty, unemployment and poor nutritional status, and to improve housing and sanitary conditions. For some countries, help is urgently needed for mothers and infants living under the conditions of war. Changes the health sector can influence directly include improving the delivery of services and improving the knowledge, attitudes and skills of health providers and families.

Need for family planning services

The introduction of technology, the practice of bottle-feeding and the use of abortion as a primary means of contraception have created many challenges and risks for mothers and infants. Preventive services for young people are needed which focus on nurturing the girl child, heightening awareness of human sexuality and providing information on various family planning methods.

CONCLUSIONS AND RECOMMENDATIONS

The participants concluded that they would launch a joint, five-year, six-country, project with the participation of WHO/EURO, UNFPA, UNDP and other agencies. WHO/EURO would prepare a proposal document for cooperation and funding based on the recommendations of the meeting. This document would cover the project's policy basis, framework, partners, structure, content, elements, working methods, evaluation model and design, and resource and personnel requirements. It would also outline public and consumer involvement and the role of the media. The principles that would guide the project planning process would be those of the health for all strategy and targets, and the criteria of sustainability, replicability and absorptive capacity.

On the basis of these conclusions, the following recommendations were made concerning the specific parts of the proposed project.

Policy basis

The policies, declarations and strategies that have been or are to be adopted by the countries involved should constitute the framework of the project and guide its development.

Aims

The overall aim of the project should be to develop an integrated model of health interventions at district level to improve maternal and child health and family planning.

Additional aims should be to:

- promote the perinatal and neonatal health of mothers and infants;
- enhance the choice of family planning methods in order to improve the practice of child spacing and discourage abortion as a means of regulating fertility;
- develop a network of providers and consumers who would stimulate action in perinatal and neonatal health and family planning; activities should be supported by documentation, policies, legislation, guidelines, service provision, practices and teaching/learning packages;
- further develop valid, reliable databases of quality indicators and measures for a variety of purposes, including monitoring and evaluating programme processes and outcomes;
- develop a cadre of trained health personnel to ensure replicability of the project by training others in the six countries;
- stimulate awareness and public consciousness of determinants of healthy parenthood and of the needs of girl children, women and men during the childbearing and immediate child-rearing periods through the use of local, national and international media; and
- promote links with educational institutions and universities to ensure the integration of content and methods into the curriculum for teachers and health personnel.

Objectives

Overall health outcomes to be achieved include:

- a reduction in maternal mortality by 30%;
- a reduction in perinatal and neonatal mortality by 30%;
- an increase in the practice of child spacing by 50% through enhancing the choice of family planning methods; and
- a decrease in the practice of abortion by 50%.

Overall health system outcomes to be achieved include:

- formation of a network of health providers and consumers for perinatal and neonatal health and family planning supported by policies, legislation, guidelines, documentation, practices and teaching/learning packages;
- development of a valid, reliable database of quality indicators and measures as a basis for monitoring and evaluating the project's progress, implementation and outcomes;
- training of a cadre of health personnel in diagnosis, risk assessment, early treatment and care practices, teaching and management methods, and evaluation techniques in order to replicate and extend the project in other areas;
- provision of local, regional and national media coverage through targeted messages to heighten public awareness of the needs of girl children and women and men during the childbearing and early child-rearing periods;
- establishment of links with primary and secondary schools, universities and training institutions to ensure the integration of content and methods into the primary and secondary school curricula and into the curriculum for health personnel.

Partners

The UNFPA country support team has indicated its commitment to the project. Other partners include the relevant units at WHO/EURO as well as GTZ, IPPF, USAID, the British Overseas Development Administration (ODA), and UNDP.

Elements and products

The proposed elements and products should include:

- policies, health legislation, and ethical and practical guidelines on the health of women, perinatal and neonatal care and family planning;
- a network of urban and rural pilot areas with health providers, consumers and information linkages for training, communication and information-sharing;
- training packages on child health, adolescent reproductive health, perinatal and neonatal health, and treatment and care during the antenatal, perinatal and postnatal periods;
- health personnel trained in diagnosis, risk assessment, disease prevention, treatment, care and practices, teaching and management methods and evaluation practices;
- information systems on gender-differentiated health indicators on children, adolescent reproductive health, neonatal and perinatal mortality and morbidity, and family planning;
- public media messages implemented through volunteer groups, radio and television at local, national and international levels;
- primary and secondary school and university curricula which incorporate child development and adolescent reproductive health; course content for health providers should also include neonatal, perinatal and family health.

Project description

The cornerstones of the project should be its sustainability, absorptive capacity and replicability, with a focus on resource mobilization. These characteristics have been underscored and strengthened as the very people who will implement the project are the ones who have designed and committed themselves to it.

Scope, time frame

The project should include: five aims, two overall objectives and five subobjectives, to be initiated over a five-year period which includes a start-up phase (1995), an implementation phase (1996-1998) and an integration phase (1999).

Start-up. The team will use the first six months to formulate the framework and ensure the sustainability of the project. It will establish an advisory group, team membership, working methods, documentation and information requirements, collect baseline data and develop its evaluation plan. It will also use this time to translate established teaching/learning packages into the local languages and to develop the requirements for public media messages. It will review existing policies, legislation and guidelines as a basis for proposing possibilities for change.

Implementation, monitoring. The second six months and the next three years will be spent in ensuring the absorptive capacity of the project through training, practice, follow-up, data collection, curriculum development, and communication with primary and secondary schools, consumer groups, the media and the network of six project teams. This period will also focus on monitoring and evaluating progress and changing the working methods so that the final stage can be undertaken.

Evaluation. The final year of the project will be used to foster the replicability of the project in other areas in the six countries. This component will include in-service education and continuous monitoring and feedback to those involved in the project, and preparing add-on groups of health providers who extend the project to other areas of the countries involved. During this period's

evaluation, the project's team and advisory group will determine whether to propose extending or terminating the project.

Location. The location of the project initially should be in pilot areas determined by the participants and their respective authorities. These project areas should preferably be districts with populations between 60 000 and 70 000, of mixed income levels and mixed ethnic groups. Most importantly, the site selected should be one that is assessed as having a good chance of benefiting from the interventions proposed.

Personnel. The project should be implemented by an advisory group and a core group of health providers. The advisory group should include representatives of the health disciplines identified, as well as consumer representatives and leaders from the community.

A project coordinator should head the team which should, at minimum, include an epidemiologist, laboratory specialist, nurse, midwife, obstetrician, paediatrician and media specialist. Project coordinators should be committed by their governments full time for the first year and should be responsible for overall coordination, team-building, management, programme implementation, information system development, quality assurance, and public information.

Terms of reference for the advisory group, project coordinators and team members should be developed. The six project coordinators should be supported by the WHO/EURO Public Health Adviser to the Ministry of Health Uzbekistan and by the Health of Women and Children unit. The project teams should commit themselves to the project and to educating others during the implementation period and beyond.

Working methods and evaluation. Complete work and evaluation plans should be developed using the models and methods of continuous quality development.

Budget. A five-year budget should cover personnel, supplies, equipment, workshops, documentation and information development, laboratory supplies, development of health indicators and quality of care, curriculum development, translation of documentation, transport, media development and implementation.

*Annex I***WORKING PAPERS AND BACKGROUND DOCUMENTS¹***Working papers*

- WP.6 WHO/EURO position paper on "Health of the mother and child - a concern for all"
- WP.7 Presentations on the current situation in countries (in Russian)

Background documents

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Breastfeeding - a natural resource for food security

The miracle of breastfeeding

What difference does breastfeeding make?

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DIGE VINTHER, T. *Breastfeeding: how to support success. A practical guide for health workers.* Copenhagen, WHO Regional Office for Europe, 1993.

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TARGET 7

HEALTH OF CHILDREN AND YOUNG PEOPLE

By the year 2000, the health of all children and young people should be improved, giving them the opportunity to grow and develop to their full physical, mental and social potential.

TARGET 8

HEALTH OF WOMEN

By the year 2000, there should be sustained and continuing improvement in the health of all women.

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