FOCAL POINTS ON WOMEN AND CHILD HEALTH

WORLD HEALTH ORGANIZATION
Regional Office for Europe
COPENHAGEN

TARGET 8

HEALTH OF WOMEN

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

TARGET 16

HEALTHY LIVING

By the year 2000, there should be continuous efforts in all Member States to actively promote and support healthy patterns of living through balanced nutrition, appropriate physical activity, healthy sexuality, good stress management and other aspects of positive health behaviour.

57523

EUR/ICP/FMLY 94 03/MT04(A)
01766
ORIGINAL: ENGLISH

FOCAL POINTS ON WOMEN AND CHILD HEALTH

Report on a WHO Meeting

Copenhagen
5–7 December 1995

1996

EUR/HFA targets 8 and 16

ABSTRACT

The Meeting of Focal Points on Women and Child Health, organized by the WHO Regional Office for Europe, was attended by participants from 37 Member States of the European Region. The purpose of the meeting was to review and compare the progress towards the health for all targets in the health of women and children set for the year 2000. In plenary sessions and working groups, participants discussed new concepts of family and reproductive health, the upgrading of the role of nurses and midwives to provide counselling as well as curative services, the use of appropriate technology and approaches in newborn and child care, indicators of quality of care in prenatal and obstetric care as well as maternal and child health, prevention of communicable diseases, including sexually transmitted diseases and AIDS, and new multisectoral approaches in health care, such as those applied in the Multi-City Action Plans, the Network of Health Promoting Schools and the Regional Health Network. Besides focusing on epidemiology and intervention strategies, a further purpose of the meeting was to acquaint participants with the various WHO programmes which could provide technical assistance to the sector of women and child health. Although country reports clearly showed a great disparity in main problems and priorities between the various subregions, participants agreed on a set of recommendations that were considered applicable to the whole Region.

Keywords

WOMEN'S HEALTH
MATERNAL AND CHILD HEALTH
HEALTH FOR ALL
EUROPE

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INTRODUCTION

The Meeting of Focal Points on Women and Child Health was held from 5 to 7 December and attended by participants from 37 Member States, representing western European countries, countries of central and eastern Europe (CCEE) and the newly independent states (NIS) of the former Soviet Union. All participants were nominated by their respective health ministries, and were either Deputy Ministers of Health or directors of the department of maternal and child health or equivalent.

The meeting was jointly organized by the WHO Regional Office for Europe and the Division for Arab States and Europe of the United Nations Population Fund (UNFPA). The meeting was chaired by Professor A. Akin Dervisoglu and Ms G. Trilhof served as Rapporteur. Annex 1 lists the background documents and Annex 2 the participants.

The meeting was opened by Dr Marc Danzon, Director, Disease Prevention and Health Promotion, and Dr Assia Brandrup-Lukanow, Manager, Family Health team. Dr Mark Belsey, Programme Manager of Maternal and Child Health and Family Planning, Division of Family Health, WHO headquarters, delivered the keynote speech on new concepts of family and reproductive health. Ms Mehri Hekmati, Director of the Division of Arab States and Europe of UNFPA, gave an overview of the implications of the International Conference on Population and Development for the European Region and the commitment of UNFPA in providing major assistance to the sector of reproductive health, particularly to the poorer countries of the Region.

Among the resource persons were the coordinators of the women's Multi-City Action Plan from Vienna and Glasgow, the coordinators of the national data collections on women's health from Germany and Portugal, the consultant on neonatal care from the Swedish working group for Eastern Europe, the UNFPA Senior Adviser on Reproductive Health for Refugees and the coordinator for reproductive health from the Royal Tropical Institute of the Netherlands, as well as the regional advisers and coordinators of

many programmes and projects of the WHO Regional Office for Europe.

The objectives of the meeting were to review and discuss developments towards achieving the health for all (HFA) targets in the health of women and children in the Region during the last biennium, with particular reference to reproductive health in CCEE and NIS.

DISCUSSION

Presentations and discussions focused on the new concept of reproductive health, as adopted during the International Conference on Population and Development in September 1994 and reinforced at the Fourth World Conference on Women in Beijing in September 1995, concepts of appropriate care and technology in obstetrics and neonatology, including the promotion of breastfeeding and the Baby-Friendly Hospital Initiative, and strengthening the role of midwives and nurses. The epidemiological situation with respect to infectious diseases and immunization in the Region, with particular emphasis on sexually transmitted disease (STD) and HIV epidemics was presented.

Discussions were based on internationally agreed documents, such as the recommendations of the International Conference on Population and Development, the World Summit for Social Development, the Fourth World Conference on Women, the Vienna Statement on Investing in Women's Health and the recommendations of the UNFPA Workshop on the Implementation of the Cairo Programme of Action in Countries with Economies in Transition.

The participants discussed the need for reinforcing services for marginalized groups, in particular refugees, displaced persons and ethnic minorities. They also focused on comprehensive approaches to the health of women and children through regional WHO projects and networks such as Health Promoting Schools, Regional Health and Healthy Cities.

In the initial round of introductions, participants were asked to express their expectations of the meeting. These ranged widely from wanting to learn about improvements in antenatal care and

counselling, social determinants of reproductive and child health, prevention of children's and women's mental health problems, adolescent health, sex education in schools and prevention of teenage pregnancies, through appropriate management information systems in women and child health and more effective promotion of healthy lifestyles, to reaching disadvantaged minorities and working with nongovernmental organizations.

After initial plenary presentations, participants worked in discussion groups on country priorities. In the group discussions, each country identified their problems in reproductive health, infant and child health, and family planning.

Countries presented the current mode of interventions and difficulties in reaching the HFA targets. Most of these problems were viewed as being preventable through a change of intervention strategies or an increase in financial resources to the health care system. In the ensuing discussions, key interventions to reach HFA targets were identified and prioritized.

The implementation of these key interventions was identified as being feasible at national, regional, district or local level. It was recognized that the district/local level has to be strengthened, following the motto: "think globally, act locally".

CONCLUSIONS

The participants felt that the meeting had been useful in bringing colleagues from health ministries of Member States together and making them more aware of each others' problems, priorities and different approaches to health care. The programme had given a good overview of all the various WHO activities that could be of assistance in improving the health of women and children. However, in doing so, it had to remain rather broad and the time for in-depth discussion was not always sufficient. It was therefore suggested that, in future, one general meeting on the health of women and children for focal points be held at least once per biennium, but that additional meetings on specific topics be held. Priority topics proposed were: health of schoolchildren, health of adolescents, appropriate neonatal care as well as Multi-City Action Plans for women's

health. Meetings on the latter two topics are already included in the plans for 1996/1997, the first two topics could be covered in cooperation with the Health Promoting Schools project and the global programme on adolescent health, WHO headquarters.

MAIN RECOMMENDATIONS

Networking and intersectoral cooperation

1. The network of focal points of reproductive health/family planning should be strengthened in order to reach the HFA regional targets in accordance with the recommendations made at the International Conference on Population and Development, the Vienna Statement and the Beijing Declaration. The network should include a forum for informal discussions on reproductive health and family planning issues.

2. The exchange of experiences and support between countries and international organizations should be more visible. Communication strategies should therefore be an integral part of monitoring projects and programmes on reproductive health, family planning and maternal and child health.

3. Countries should explore intersectoral cooperation within existing networks such as Healthy Cities, Regional Health and Health Promoting Schools, in order to strengthen and expand the implementation of HFA strategies.

4. All data collected on family planning and maternal and child health should be in a standardized comparable format for international use.

5. Women's health, as well as that of children and adolescents, should be seen not only as a medical matter but perceived as a social/psychosocial matter. Cultural, social and medical barriers should not be ignored and appropriate interventions should be

developed. This is necessary to empower women and improve their social status.

Infant and child health

6. The demedicalization of deliveries in accordance with WHO recommendations on birth and appropriate technology should be encouraged.

7. Simple, inexpensive, appropriate technology is recognized as being most efficient in the treatment of neonates. Appropriate technology should be made available in all facilities caring for the newborn, at primary, secondary and tertiary levels.

8. Breastfeeding should be encouraged exclusively to decrease the risk of infections and increase the rate of child survival. Maternity services should be encouraged to implement the Baby-Friendly Hospital Initiative.

9. Infant and childhood morbidity and mortality due to congenital malformations should be reduced through efforts to decrease consanguineous marriages where these are still common.

10. Efforts for the effective implementation of the Expanded Programme on Immunization (EPI) in the Region should continue, and effective surveillance systems should be established.

11. Child health is a responsibility not only of the medical, but also of the education and social sectors. In this context, a general shift from classical paediatrics to social paediatrics is recommended.

12. Parents should be supported in creating positive relationships with their children. Counselling services assisting in the prevention and cure of children's mental health and behavioural problems should be accessible and affordable.

13. Family education and counselling should increasingly address fathers as well as mothers.

14. Nurses and midwives should be trained and used as a resource in family education and counselling.

Reproductive health services

15. While it is recognized that reproductive health is a priority area in many countries of the Region, it is important that health services for women assume a holistic approach and address women in more than just their reproductive function.

16. The perception of reproductive health should be in accordance with the recommendations made at the International Conference on Population and Development and the Beijing Declaration. Reproductive health services should range from preconception to the period after the menopause. Since the concept of reproductive health is still new, countries will require technical assistance from international organizations in the conceptualization and implementation of reproductive health programmes.

17. Reproductive health services should be provided as an integral part of primary health care or basic health care activities.

18. In all women and child health services, special efforts must be made to meet the needs of minorities, displaced persons and refugees.

19. The private sector should take part in the provision of reproductive health, family planning and maternal and child health services in consultation with the local authorities and WHO.

20. Appropriate services should be provided to adolescent girls and young women, and high-risk cases should receive appropriate care and treatment in order to improve maternal and child

health. This will lead to the measurable improvement of relevant indicators.

21. Safe Motherhood programmes should be implemented wherever necessary to reduce infant and maternal mortality and morbidity.

22. Adolescents and the male population should be considered important target groups for information, education and communication strategies in reproductive health.

Strengthening human resources in health care

23. Training and retraining of health staff should be a key element in strengthening good quality reproductive health and family planning services.

24. Strengthening the role of midwives and nurses will contribute significantly to improving the health of women and children.

Planning and evaluation

25. Key interventions should be identified and prioritized in the implementation of reproductive health and family planning services. Monitoring and evaluating successes as well as failures should be done continuously. This is especially important for countries with limited resources.

26. Evaluation and planning should start at local level with community and health team involvement, following the district health problem-solving approach.

27. Nongovernmental organizations should be encouraged to participate in the planning, implementation and evaluation phases of reproductive health services.

Annex 1

LIST OF BACKGROUND DOCUMENTS[1]

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