

Making a difference in countries

Strategic Approach to Improving Maternal and Newborn Survival and Health



Ensuring skilled care for every birth

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and Health



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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 strategic approach 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 continuum of care and universal coverage ensuring *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 approaches 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 for 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

This strategic approach is 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.



1.1 Introduction

From the outset of his term in office, the Director-General LEE Jong-wook has pledged that the World Health Organization (WHO) will support countries to achieve the ambitious Millennium Development Goals (MDGs) for alleviation of poverty and, thereby, the improvement of health of all peoples. Dr LEE has expressed his wish to see WHO accelerate its efforts in supporting countries to address the major public health issues that, along with HIV/AIDS and other infectious diseases, include child survival and improving maternal health. As one of the responses to this renewed agenda, the Director-General wishes to see greater attention to and visibility of the WHO efforts for making pregnancy safer, particularly those directed to support countries.

Each year, 99% of the estimated 529 000 maternal deaths and 98% of the estimated 5.7 million perinatal deaths occur in the developing world. In some areas, a woman is more than 140 times at-risk of dying from a pregnancy-related cause compared with a woman in a developed country. Maternal and perinatal mortality, then, are indicators of a disparity and inequity between rich and poor: generally speaking, the poorer the woman, the less access she has to social, health and nutrition services, and to economic opportunities.

The Safe Motherhood Initiative launched in 1987 has focused strong international efforts to address maternal mortality. Since the start of the initiative, some countries have made great progress in reducing mortality for mothers and their newborns, and important lessons have been learned from their achievements. In many other countries, however, the situation has remained unchanged; yet, here too lessons have been learned from the ineffective strategic approaches of the past.

Recognizing the need for further progress, and building on the experience of more than a decade of the Safe Motherhood movement, in 2000 WHO launched the Making Pregnancy Safer (MPS) Initiative. This initiative focuses on the health sector and seeks to contribute to the improvement of maternal and perinatal health. More specifically the initiative supports efforts in all parts of the world to accelerate the reduction of maternal, perinatal and newborn mortality. Actions taken on the part of MPS will contribute to the achievement of international development goals, including the MDGs and the goals and targets articulated at the International Conference on Populations and Development (Cairo, 1994) and the Fourth World Conference on Women (Beijing, 1995). It is now widely recognized that existing efforts will be insufficient to reduce maternal and newborn deaths at a rate that will achieve these goals and that an accelerated programme is needed. This sense of urgency lies at the heart of the strategic approach of MPS. The guiding principle of this strategic approach is the creation of an equitable global society which promotes the rights of women and newborns to life and the highest attainable standards of health.

Our vision: a world in 2015 in which

- pregnancy, childbirth, postpartum and newborn care are highly valued;
- universal coverage ensuring skilled care for every birth¹ is a priority;
- interventions for universal coverage are sustained with quality in conditions of diverse social values, and changing social, economic and political conditions;
- the MPS initiative is seen as crucial for wider strengthening of health systems and a key element of efforts to attain the MDGs; and
- development partners and civil societies collaborate in achieving universal coverage of skilled care for all women and newborns.

Ultimately a world in which women go through pregnancy and childbirth safely and newborn babies are assured health.

¹ Skilled care for every birth is defined as the presence of a skilled attendant and other key professionals supported by an appropriate environment including policy support, access to basic supplies, drugs, transport and relevant emergency obstetric and newborn services for timely management of complications. It assumes skilled care is available throughout pregnancy, childbirth and the postpartum and newborn period.

Our mission: is accelerated country support to scale up access to essential interventions to reduce maternal and newborn morbidity and mortality and improve their health.

1.2 The need for accelerated action

Accelerated efforts and renewed commitment to the Safe Motherhood movement is needed. High levels of mortality and morbidity persist, despite the fact the causes and determinants, and the solutions are well known. The World Health Report 2005, “Make every mother and child count” provides an excellent basis for situation analysis and actions, globally and in countries.

1.2.1 Situation analysis

It is estimated that in 2000 some 529 000 women died from complications during pregnancy and childbirth, and many millions more suffered disabilities. The maternal mortality ratio, which is a measure of the risk of death associated with each pregnancy, was estimated to be 400 per 100 000 live births globally in 2000. In certain settings, women face this risk several times during their lives and the cumulative lifetime risk of maternal death can be as high as one in 16, compared with one in 2800 in developed countries. By region, maternal mortality ratio and risk are highest in sub-Saharan Africa, followed by Asia, Latin America and the Caribbean and Oceania (Table 1). While maternal deaths have decreased significantly in some countries, there is little or no change in many others, especially in sub-Saharan Africa.

More than 70% of maternal deaths are due to haemorrhage (25%), obstructed labour (8%), eclampsia (12%), sepsis (15%) or unsafe abortion (13%). Where conditions such as HIV/AIDS, malaria and tuberculosis are prevalent, they are aggravating pregnancy and childbirth complications. Maternal deaths from these causes are increasing, reversing gains made in the past few decades.

Perinatal mortality tends to follow the same geographical pattern as for maternal deaths. Approximately 98% of the 5.7 million perinatal deaths suffered globally occur in developing countries. According to WHO data, 2.7 million babies are born dead each year and another 3 million do not survive beyond the first week of life. About one-third of perinatal deaths in developing countries are related to intrapartum complications leading to birth asphyxia. Preterm birth, malformations, and infections related to pregnancy and birth contribute to the remainder of the early neonatal deaths. Representing a substantial portion of overall child deaths, early neonatal deaths account for 38% of all infant mortality and 29% of 'under-five' mortality in developing countries. Late neonatal deaths are to some extent due to perinatal conditions, but mostly to infections acquired after birth, many of which are associated with poor hygiene, lack of information on adequate newborn care and/or poor neonatal feeding practices. Often the death of mothers is closely connected with newborn deaths, as maternal mortality and morbidity have a direct negative impact on the survival chances of the newborn.



Table 1: Estimates of maternal and perinatal mortality by region in 2000

Region	Maternal mortality ratio (deaths per 100 000 live births)	Number of maternal deaths	Lifetime risk of maternal death, 1 in:	Perinatal mortality rate (deaths per 1000 births)	Number of perinatal deaths
Africa	830	251 000	20	55.4	1 722 000
Northern	130	4 600	210	31.8	149 000
Sub-Saharan	920	247 000	16	59.6	1 573 000
Asia	330	253 000	94	45.7	3 599 000
Eastern	55	11 000	840	32.1	666 000
South-central	520	207 000	46	56.9	2 319 000
South-eastern	210	25 000	140	34.8	417 000
Western	190	9 800	120	36.7	196 000
Latin America & the Caribbean	190	22 000	160	21.0	244 000
Oceania	240	530	83	44.7	11 000
World total	400	529 000	74	42.4	5 707 000
Developed countries	20	2 500	2 800	10.2	130 000
Developing countries	440	527 000	61	45.8	5 577 000

A very large proportion of maternal and perinatal deaths are avoidable. Most deaths occur due to poor service provision, as well as lack of access to and use of these services. During political instability or in conflict zones the situation can deteriorate even further. Interventions that can prevent mortality from the major causes of death are known, and can be made available even in resource-poor settings. These include focusing on adequate care and preparation in the household, assuring quality services close to where women live and systematically detecting and managing complications at an early stage.

Although effective interventions to prevent mortality are known, for many women and newborns, appropriate care remains unavailable, unused, inaccessible, or of poor quality. The ability for women to access quality family planning services, post-abortion care services and where legally permissible, safe abortion services, is also associated with reduced maternal and perinatal deaths.

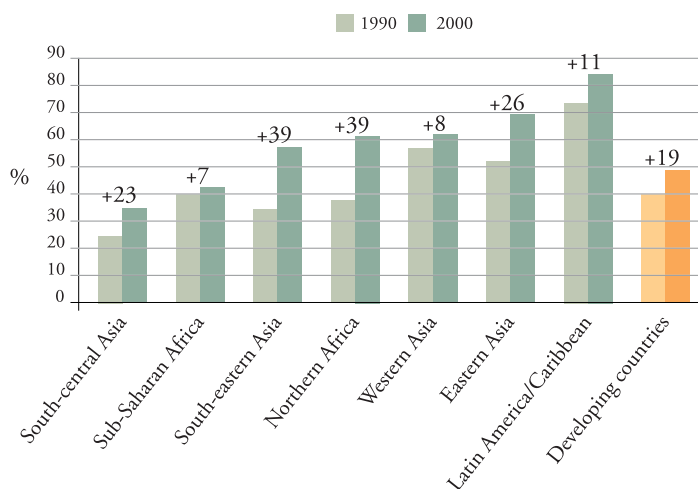
Socioeconomic determinants such as poverty, social exclusion and low levels of education significantly contribute to death and disability. For example, rural populations suffer higher mortality than urban populations. In urban areas, there are also extreme differences in the risk of maternal death between women living in slum settlements and those living in wealthy suburbs. The age of the mother is also important: mortality is higher among younger women and especially among adolescent girls - about 70 000 of the annual deaths occur in women aged less than 20 years. Violence also plays an important part in the health and survival of pregnant women. Yet all of these determinants are often not addressed in programmes, due in part to a lack of data.

Service data provide a broad picture of recent progress and may also provide an indication of whether death rates are changing (given that mortality data are poor). The key indicator of service provision is the coverage of a skilled



birth attendant,² which increased between 1990 and 2000, from 42% to 52%, in the developing world (Figure 1). The greatest improvements occurred in south-eastern Asia and northern Africa; the least were observed in sub-Saharan Africa, where rates have remained among the lowest in the world. Globally, more than 60 million women still give birth without a skilled birth attendant.

Figure 1: Per cent change in deliveries with a skilled attendant, 1990-2000



Source: WHO, trend data from 64 countries.

Tracking progress of service provision in the period around childbirth is appropriate because this is when complications are most likely to arise and when most deaths occur. However, these indicators do not reflect care during pregnancy or the postpartum period. During these periods, maternal deaths and morbidities can also occur, particularly in settings with high levels of unsafe abortion, or where many maternal deaths are due to indirect causes such as malaria.

Tracking other indicators such as antenatal care use, although not directly related to maternal mortality, shows that progress is certainly being made. Trends in use of antenatal care in developing countries during the 1990s show greater improvement than those for skilled birth attendants. Coverage has increased by some 20% overall. In sub-Saharan Africa, by contrast, antenatal care use has not changed significantly over the past decade although levels are relatively high compared with Asia. In general, however, antenatal care services currently provided in many parts of the world fail to meet the standard recommended by WHO.

This situation is set in a global context of demographic and social change. Although fertility is dropping in many countries, it remains high in some areas. More importantly, an increasing number of women are now reaching reproductive age due to high levels of fertility in the previous generation. The scale of the problem is therefore intensifying.

² A skilled attendant is a health professional - such as a midwife, doctor or nurse - who has been educated and trained to proficiency in the skills needed to manage normal (uncomplicated) pregnancies, childbirth and the immediate postpartum and newborn period and in the identification, referral and management of complications in women and newborns.

1.2.2 Socio-cultural factors

Cultural beliefs and practices related to pregnancy, childbirth and postnatal care of the newborn and mother have not been studied extensively. However, these practices can play an important role in determining maternal and neonatal outcomes. Women may need permission for seeking care during pregnancy, childbirth and postpartum period. In many traditional societies, women may be denied food during pregnancy, and pregnancy and childbirth are regarded as unclean, therefore conducted in a separate often unclean area. The room where the mother and baby are confined is often dark and kept warm by burning firewood. Babies who do not cry or breathe immediately after birth may be subjected to various harmful manoeuvres. Various substances like turmeric powder, wood ash, talcum and animal dung are used for cord care. Even in countries where breastfeeding rates are high, initiation of breastfeeding is often delayed beyond the recommended one hour of birth. A significant proportion of mothers discard colostrum and the practice of giving pre-lacteal feeds is prevalent. The mother and baby are often confined together in a room for the first few weeks after delivery. Mothers and neonates are not taken out of the house, even for medical assistance, due to socio-cultural beliefs and lack of knowledge of signs of severe illness.

1.2.3 Health system response

In most countries, the capacity of existing health systems to respond to the needs of mothers and newborns is limited, inadequate or unevenly distributed; in some instances it is even deteriorating. Access to health services is a major constraint particularly for poor and marginalized groups of the population. In many countries the majority of deliveries occur at home, attended by grandmothers, mothers and other relatives, or traditional birth attendants. Typically they occur without the assistance of a skilled birth attendant. Absence of skilled care providers, lack of access to essential care (e.g. during emergencies) or care of poor quality, unreliable or limited supplies, and non-functional referral systems have eroded public confidence in health services and may have resulted in the low utilization of existing facilities.

1.3 Justification for action: lessons learned

From lessons learned over more than a decade of the Safe Motherhood movement, we are now in a unique position to design strategic approaches based on experience and lessons learned. Strategic directions are required that accelerate progress towards the goals, as the current rate of progress will not achieve them. Both positive and negative lessons are valuable; history has shown that some interventions have resulted in lower mortality and that others have not.

Mortality has decreased where women have increasingly given birth with a professionally skilled attendant whether at home, in a primary health care facility or in a hospital. Other elements such as the improved functioning of essential and emergency obstetric care facilities for women with complications and an effective referral system are also crucial. Experiences in countries such as Malaysia and Sri Lanka provide evidence that developing countries can halve their maternal mortality ratio every 7-10 years when a synergistic package of health and social services reaches the poor.

The examples of progress in health services of developing countries are supported by a multisectoral approach that ensures education and improved status of women, a strong supportive legal and regulatory framework, and adequate transportation infrastructure. High-level political commitment has invariably been required for such an approach, along with long-term policies and sustained financial investment. Increasingly important are the links between maternity care services and other primary health care programmes that provide services to address family planning and other reproductive health services, immunization, HIV/AIDS, malaria and other prevalent conditions relevant to specific country contexts.



The lessons learned from ineffective programmes are also useful. Widespread efforts to train traditional birth attendants have not achieved consistent reductions in maternal mortality and it is now universally recognized that resources are more effectively channelled into training an optimal 'skill mix' that is, a mix of health care providers with complementary skills appropriate for each context. High quality training of professionals must be maintained; professional services will be ineffective if they lack properly trained providers. Barriers to the use of skilled attendants still exist. For example, countries need to invest more to ensure universal coverage of skilled care. The role of traditional birth attendants needs to be revisited and redefined so that this group can provide supportive care during the antenatal and postpartum periods, and assist in timely referral.

The failure of antenatal risk screening to effectively select women who have a high risk of complications has also been an important lesson for Safe Motherhood. Health planners have realized that every pregnancy faces risk and that care provision needs to be available to respond to all women and newborns, should complications develop. This realization has promoted a more realistic approach to care that emphasizes complication readiness, and effective links between women and the health professionals involved in managing complicated pregnancies.

Another lesson learned is the ineffectiveness of 'too much' care. Generally, the improvement of medical facilities has been shown to be effective in reducing mortality rates. Concurrently however, high morbidity rates can occur in such facilities due to the overuse of technologies such as caesarean section. High rates of caesarean delivery raise important issues about the appropriateness, efficiency and cost-effectiveness of the intervention and the potential for unintended adverse consequences for the woman and her newborn. It must be noted, however, that in areas where access to health care is very limited, caesarean delivery rates do provide a good indication of women's access to life-saving care.

In summary, the key lessons learned concern the failure of partial solutions to effectively improve maternal health. Success stories involve the systematic strengthening of integrated health systems able to provide a coordinated response to essential maternal and perinatal health care, especially in emergency situations.

1.4 Adequate financing

In low-income countries, especially in sub-Saharan Africa, overall health services are desperately under-financed. In some countries, basic health services receive less than US\$ 10 a year per capita - against a requirement of US\$ 30-40 a year per capita, which is the minimum amount needed to provide basic health programmes. Although essential interventions for maternal and newborn health are highly cost-effective and relatively inexpensive, they still require funding. If sustainable financing mechanisms are not put into place, actions to strengthen the health system will not yield results. The principles of improving health financing are to reduce the extent to which people have to make large personal so-called 'out-of-pocket' payments at the point of service; to increase the accountability of institutions responsible for managing insurance and health care provision; to improve the equity of health fund contributions across the rich and poor; and to raise money through administratively efficient means.

Given these principles, and based on successful country experiences of alternative financing models, appropriate arrangements that provide basic insurance and social protection for all can be designed according to country contexts. Central to all financing models is the mobilization of funding sources that derive from general and earmarked taxes, social insurance contributions, private insurance premiums, and community insurance prepayments. Emerging evidence should be monitored to assess the effectiveness of these models in increasing service utilization and putting services within reach of the poor. Health sector reforms, sector-wide approaches and the implementation of other financing mechanisms such as poverty reduction strategic approach papers, cost-sharing and direct budget support should also be monitored to ensure that they benefit the poor and other marginalized groups while strengthening maternal and newborn health.



1.5 Overcoming system-wide barriers

Increasingly, maternal and newborn care services are helping to overcome barriers to equitable health-service delivery and sector-wide development. These benefits include better public health and improved efficiency of public health services. Maternal and newborn services inevitably experience the constraints that affect the health system as a whole, but they can help significantly in overcoming system-wide barriers through the strengthening of district teams and their capacity to make optimal use of the resources and opportunities available locally. In turn, sector-wide approaches to strengthening areas such as human resources management, financing, logistics, public-private partnerships and information-sharing can clearly benefit maternal and newborn health. The inclusion of maternal and newborn services as a key component of the overall health system will greatly enhance efforts to achieve greater integration of services and long-term financial sustainability.

1.6 Linkages to other interventions

The combined delivery of linked health interventions is a more effective way of achieving common health goals than working independently. Maternal and newborn services potentially can support, and be supported by, such linked interventions. For example, the benefits of combining maternal and newborn services with other interventions, namely those concerned with malaria, nutrition, HIV/AIDS, immunization, child and adolescent and reproductive health, are increasingly being seen. Integration may also involve combining prevention and care services. At fixed health facilities, maternal and newborn care is often combined with other services such as immunization, malaria, HIV/AIDS, growth monitoring, nutritional advice, information on preventive care, child referral (when necessary) and reproductive and sexual health care.

For those who are responsible for national planning, integration means conjoining management and support functions of different sub-programmes, and ensuring complementarities between different levels of care (as highlighted in the World Health Report 2005). The integration of maternal and newborn services with other health interventions should be evidence based to guide policies, strategic approaches and investments, as well to evaluate the impact of linked interventions. Access to integrated services needs to be systematized in order to maximize the benefits to mothers and children attending health facilities and reached by community-based health services.

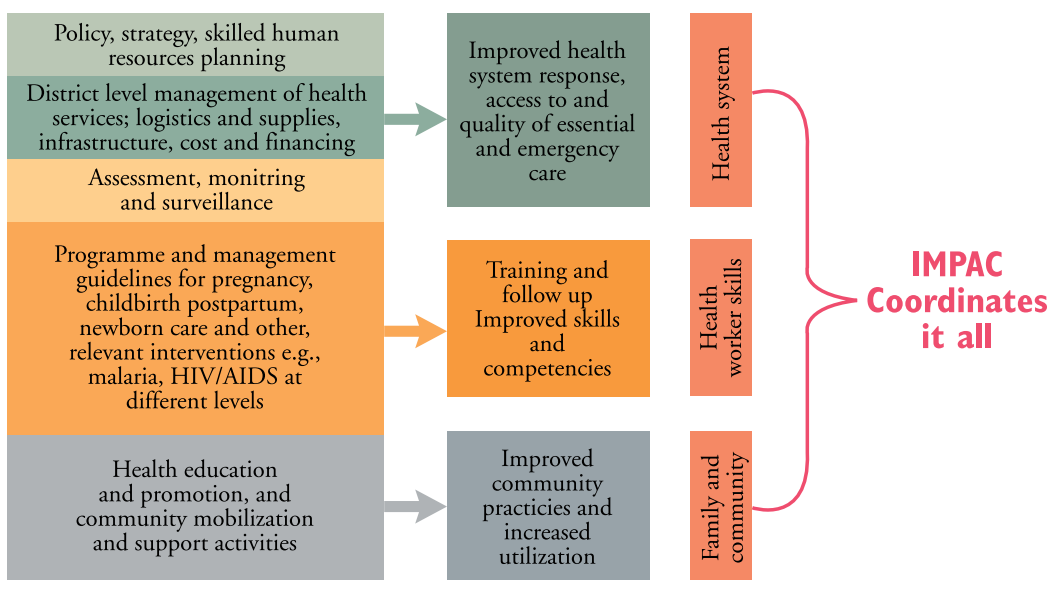
1.7 Meeting needs: the global MPS strategic approach

In September 2000, representatives from 189 countries endorsed the United Nations Millennium Declaration, which included a compact “to have reduced maternal mortality by three quarters by 2015”. Already in 1999, the ICPD + 5 Special Session of the UN General Assembly urged WHO, “to put in place standards for the care and treatment for women and girls ... and to advise on functions that health facilities should perform to help guide the development of health systems to reduce the risks associated with pregnancy”. In response, WHO created the initiative to “Make Pregnancy Safer” in order to strengthen countries' health systems at all levels and increase the availability and quality of their maternal and newborn health-care services. In addition, WHO has made significant achievements in generating evidence and developing norms, standards and tools that are crucial to provide countries with guidance on reducing maternal and perinatal mortality and morbidity. However, due to various reasons including lack of funds, support to countries has to-date been largely insufficient. To remedy this weakness a new department was established - that of Making Pregnancy Safer (MPS).

The MPS global strategic approach proposes WHO work with countries and partners to achieve universal coverage of essential maternal and newborn interventions, which includes skilled care for all mothers and newborns. Additionally, it links maternal and perinatal health to other health interventions as well as enhancing the overall health system development. It places maternal and newborn health firmly within the context of sector-wide approaches to health and the national development plan, highlighting the way maternal and newborn care services can both benefit from and contribute to health system development and the alleviation of system-wide barriers.

A cornerstone of the global MPS strategic approach is the *Integrated Management of Pregnancy and Childbirth (IMPAC) approach*. *IMPAC is a quality policy, technical and managerial approach to maternal and newborn survival and improvement of their health*. It includes guidance and tools to improve the health system response, health workers skills, and family and community action and care. After the adoption of IMPAC in countries key interventions need to be established and others sustained. A stepwise implementation of the key interventions is recommended, which includes adaptation to local settings and contexts. All IMPAC interventions should aim at achieving total geographical and population coverage in due course. The phase of implementation and the extent of resources available will require national maternal and newborn programmes to carefully prioritize the expansion of coverage. As part of the expansion, key interventions need to be implemented along with other related interventions (e.g. community mobilization, involvement of the nongovernmental organizations [NGOs] and private sector, analysis of cost and financing, operational research) as described in Figure 2.

Figure 2: Integrated Management of Pregnancy and Childbirth (IMPAC)



This strategic approach offers a framework within which national policies, programmes and action plans can be elaborated. The approach assumes the challenge of increasing women's access to high-quality health services. It outlines the work required at global, country and local levels, and can be adapted for use by those formulating regional and national strategic plans. Finally, it offers the potential to use available budgets more efficiently and to ensure better coordination of efforts by all stakeholders in reducing maternal and newborn morbidity and mortality.

2

Guiding principles and goals of the strategic approach

The following core values and operational principles provide the basis for the global MPS strategic approach.

Equity: All women and newborns - without distinction of race, religion, political belief, geographical situation, economic status or physical condition - have a right to equal and universal access to needed interventions.

Continuum of care: All women should have the highest attainable standard of health, through the best possible care before and during pregnancy, childbirth, and postpartum period. This continuum of care encompasses the life-cycle of the woman, from adolescence through to the birth of her own child. Additionally, it includes all levels of the health system from the household to the first service level, and a higher-level referral service site, as appropriate for the needs of each woman or newborn.

Assurance of high quality services: All interventions for making pregnancy safer are made available with the highest standard of quality and safety, and services are delivered according to evidence-based best practices.

An integrated approach: Comprehensive services are made available to all women and newborns, integrating nutrition, immunization, child survival, prevention and care of malaria, sexually transmitted and HIV infections, and family planning services.

Ownership, partnership and responsibilities: Goals, objectives and strategic approaches are commonly agreed upon and pursued by governments and their partners, and supported by the international community through coordinated actions and activities determined by national plans.

Sustainability through technical and financial capacity building: Financial and technical self-reliance is a target for national governments and partners working collectively, with continuing incremental infrastructure building.

Policies and strategic approaches based on evidence and best practices: The choice of policies, strategic approaches and practices is informed by research findings, surveillance, monitoring and evaluation, need assessments, economic analysis, and by the sharing of lessons learned and other available evidence-based norms and standards.

The overarching goal of this strategic approach is that all women and newborns will have access to skilled care services during pregnancy, childbirth and the postpartum and newborn periods, thereby minimizing maternal, perinatal and newborn morbidity and mortality.



2.1 Specific aims

The Department seeks to work with countries and partners to strengthen their capacity to achieve universal coverage of essential interventions³ for all women and newborns, which includes skilled care at every birth in a continuum of care throughout pregnancy, childbirth and the postnatal and newborn periods.

In particular, WHO will work with countries and partners to:

- increase and sustain coverage of essential interventions. Countries will reach at least 75% coverage in every district by 2015 (or equivalent administration unit) and that shall be sustained.
- reduce morbidity and mortality. Global maternal and newborn mortality will be reduced by at least two-thirds in 2015 compared to 1990 levels.⁴
- strengthen systems. Countries will have a functioning and effective health care delivery system to provide skilled care during pregnancy, childbirth and the postpartum and newborn periods, integrated with care services such as for malaria, sexually transmitted infections (STIs) and HIV/AIDS, nutrition, immunization, child care and family planning.
- promote evidence-based practices that ensure safety and accountability. Policies, strategies, interventions and practices will become evidence-based and maintain the highest quality and safety possible.
- build capacity for assessment and monitoring. Countries will develop the capacity at all levels for mapping service availability, conducting reviews of maternal and perinatal deaths and monitoring progress in order to take timely and appropriate actions.
- build partnerships. Coordinated actions determined by national plans will be developed in collaboration with partners.
- assure sustainability. The national maternal and newborn health interventions will be formulated and implemented with adequate funding, supplies and human resources.

IMPAC will be the main aim towards achieving this strategic approach. The MPS Department will be supporting countries with the implementation of this approach for reducing maternal, perinatal and newborn mortality and morbidity. Particular emphasis will be placed on countries with a high maternal mortality ratio and high perinatal mortality rate, in order to contribute to reaching the MDGs for maternal and child health.



³ An essential package of interventions for maternal and newborn health care covers pregnancy, labour, birth, postnatal and early newborn care, family planning, unwanted pregnancy (and its consequences) and post-abortion care. While each country will define the exact contents of its own package, the interventions that are chosen should be based on evidence-based standards.

⁴ WHO World Health Report 2005, Make every mother and child count.

The MPS global strategic approach comprises four strategic areas:

Strategic direction 1: Building a conducive social, political and economic environment to support timely actions in countries. This area focuses on advocating that maternal and newborn health remain a priority at national, regional and global levels. In addition, the MPS Department will work with countries and partners to mobilize resources.

Strategic direction 2: Responding to country needs to achieve universal coverage of essential interventions that will ensure skilled care at every birth. This area includes providing technical support to countries to build capacity for evidence-based policy, interventions and implementation including the empowerment of individuals, families and communities. Reviewing lessons learned and experiences gained, gathering evidence, managing knowledge, and developing relevant and necessary programme and implementation tools and guidelines.

Strategic direction 3: Building effective partnerships across relevant programmes and partners for coordinated actions in countries. This area focuses on strengthening health systems and service delivery. Working closely with other WHO programmes (e.g. those concerned with malaria, tuberculosis, STIs, HIV/AIDS, immunization, reproduction health, child and adolescent health, nutrition) and other development partners (e.g. the United Nations Children's Fund [UNICEF], the United Nations Population Fund [UNFPA], the World Bank and regional development banks, NGOs, private sectors, civil societies) MPS seeks to maximize utilization of scarce resources and minimize duplication of efforts.

Strategic direction 4: Strengthening assessment, monitoring and evaluation for better decision-making by policy-makers and planners. This covers building an integrated assessment and monitoring system at the district level (or equivalent). This system will ensure coverage and quality standards and monitor progress so that where improvement is needed, timely and appropriate actions can be taken. Ultimately, the data from this system will be used to inform global monitoring of progress and evaluation of achievements.

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

The aims of strategic direction 1 include:

- the achievement of a significant increase in political commitment to maternal, perinatal and newborn health in countries and within the international community; and
- ensuring that maternal, perinatal, and newborn health is included into national development plans with sufficient investment from national budgets and development partners.

3.1.1 Component objectives

Objective 1: Provide evidence-based information to governments, stakeholders and the international community using a combination of approaches for timely actions. Information technology, including electronic media, has significantly improved access to all types of information. However, millions of people in the developing world still lack appropriate information about how to make pregnancy safer. Evidence-based information and effective advocacy is essential in building public opinion, support and political commitment. The MPS Department will adopt a combination of approaches in providing information to Member States in order to keep maternal and newborn health on the national and international developmental agenda.



Objective 2: Increase community awareness and demand for access to quality maternal and newborn services. Socioeconomic status, illness characteristics, awareness and quality are some of the factors affecting utilization of services. Efforts by international organizations, NGOs, community groups and local media will be vital in increasing awareness of and access to high quality care. Appropriate, locally acceptable technology and methods will be developed to provide support and information at the local level.

Objective 3: Build commitment at national, regional and global levels among nations and development partners to increase and sustain investment in countries. Increased and sustained investment will be crucial if the goal of universal coverage is to be achieved. National governments and donors will need to increase their investment in maternal and newborn health. Up-to-date information and sustained advocacy will be necessary to achieve this. The MPS Department will build national, regional and global capacity for advocacy and resource mobilization.

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

The aims of strategic direction 2 include:

- the improvement of national capacity for evidence based planning and implementing strategic approach to achieve universal coverage;
- the provision of IMPAC tools and guidelines; and
- the improvement of health system response for the implementation of IMPAC.

3.2.1 Component objectives

Objective 1: Develop, update and provide evidence-based IMPAC programme and implementation tools and guidelines. MPS already developed a significant number of policy, technical, programme and managerial tools and guidelines. Other relevant norms and tools are in the process of development, and more may be needed as knowledge and evidence becomes available and gaps are revealed during the process of implementation. WHO headquarters, in collaboration with regional offices, will facilitate and support countries in the adaptation, dissemination and utilization of these tools and guidelines.

Objective 2: Build regional and national capacities through technical support, which will result in improved health system response, access and quality. Pregnancy and birth is a normal physiological process but complications can occur at any time. Therefore access to a well functioning health care system is necessary which will require policy changes and development of evidence-based strategic approach and interventions. The presence of skilled personnel is essential in improving programmes as well. Lack of technical knowledge, skill and capacity delays programme implementation. Removal of unnecessary restrictions from policies and regulations in order to ensure skilled care for all women and their newborns will contribute significantly to improve access. In addition, a context-specific human resources policy is required to provide support to all health professionals who serve women and their newborns. The Department will build regional and national capacity by providing technical support and training of technical staff. This will enable countries to adapt and utilize evidence-based guidelines to develop policies and strategic approaches to improve health system quality and accountability, as well as mobilize resources and monitor and evaluate IMPAC implementation.

Objective 3: Increase utilization of services through support of individuals, families and communities. Interventions to promote individual, family and community practices have an impact on utilization of services, and therefore on maternal and newborn health outcomes and development. Families and communities need to be aware of how to provide effective home care as well as recognize signs of complications and illness, so that appropriate care can be sought. Creative methods to increase this awareness are required. The Department will find innovative ways to work with local communities to reach individuals and families. It will also work towards creating social support and mobilizing communities to promote practices that are beneficial to the mother and newborn.

The Department will implement a number of strategic approaches to strengthen the capacities of women, their partners, their families and communities to (i) provide appropriate care in the home; (ii) seek care at other levels of the health system when needed; and (iii) assume responsibility for improving maternal and newborn health. These strategic approaches include local level education, community action, partnerships, institutional strengthening and advocacy. They are key interventions that contribute to the empowerment of women, families and communities to improve and increase their control over maternal and newborn health, which will in turn lead to increased access. (Selecting areas of intervention and strategic approaches will necessarily depend upon the local context and resources available).

Objective 4: Bridge programmatic gaps, review lesson learned and experiences gained, gather evidence and manage knowledge. Many effective clinical interventions for maternal and newborn care are known. However, socio-behavioural factors influencing health care practices and the seeking of health care need further investigation. There are important knowledge gaps about essential requirements for effective community-based care, scaling-up of interventions, and facilitation of an essential health system response including management. Further investments are needed at all levels to analyse programme implementation and identify lessons learned to improve effectiveness of intervention delivery.

The way forward is to apply current knowledge while 'learning from doing'. Further, gathering the scientific evidence from a range of disciplines will also aid this effort. Qualitative information will be helpful to understand better the community needs, beliefs and practices. Evaluating the implementation of interventions helps to ensure that the delivery methods and tools are effective in improving maternal and newborn health. The Department will work closely with regional offices in building capacities in reviewing experiences and evidence of best practices. It will help in managing knowledge, disseminating evidence to effect changes in policies and practices for improved maternal and newborn health.

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

The aims of strategic direction 3 include:

- the coordination of complementary interventions within WHO and in countries; and
- the promotion and strengthening of partnerships among development partners including NGOs and civil societies.

3.3.1 Component objectives

Objective 1: Strengthen collaboration and integration with other primary health care programmes. Departments concerned with malaria, nutrition, immunization, tuberculosis, STIs including HIV/AIDS, reproductive health, child and adolescent health programmes have significant impact on maternal



and newborn health and survival. The Department will continue working with other departments across the Organization and in countries to ensure that key information from other programmes and partnerships (e.g. the Global Alliance for Vaccines and Immunization [GAVI], Global Fund to fight AIDS, Tuberculosis and Malaria [GFATM], Partnership for Maternal, Newborn and Child Health) is identified and used to inform further work.

Objective 2: Build and strengthen an effective partnership at global, regional and country levels.

Development partners including UNFPA, UNICEF, the World Bank and regional development banks, bilateral donors, NGOs, private sectors, professional bodies, institutions and other civil societies play an important role in improving maternal and newborn health. The Department will collaborate with its partners at global, regional and national levels to maximize the utilization of scarce resources and minimize duplication of efforts.

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

The aims of strategic direction 4 include:

- strengthening and expanding surveillance, monitoring coverage and managing information systems to support policy and programme decisions and local action; and
- monitoring progress towards maternal and newborn health-related goals and targets, including the MDGs.

3.4.1 Component objectives

Objective 1: Build and strengthen country-specific surveillance, and monitoring coverage of services using modern and innovative approaches including geographic information systems (GIS). Coverage monitoring and surveillance are central to programme management. Lack of data as well as poor quality data and data analysis are well-known system-wide barriers. Both surveillance and coverage monitoring require efforts to build human capacity for field surveillance and for the collection, compilation, analysis, interpretation and use of data. The Department will work with countries and partners in improving vital registration, the capacity to conduct country specific surveillance and monitoring, adapting and integrating indicators on maternal and newborn health in existing health information systems and the use of innovative technology.

Objective 2: Strengthen the analysis, interpretation, use and exchange of data for programme planning at all levels. The management and sharing of information underpin all surveillance, monitoring, and evaluation components. At the country level, data management for maternal and newborn care services should be part of an integrated surveillance and health information framework, with the potential to provide information on a range of national priority programmes. Data management will be strengthened through capacity building, training and the use of frequent and regular supervision. Appropriate tools will be developed for local use, which will facilitate standardized and ad hoc data analyses. Maternal and newborn health programmes should seek linkages with associated health programmes (e.g. those concerned with immunization, malaria, child and adolescent health, reproductive health, STIs and HIV/AIDS, tuberculosis) and with the newly established Health Metrics to improve the national health information system.

Objective 3: Strengthen global monitoring of maternal, perinatal and newborn health process and outcome indicators and measure progress. Countries and various organizations routinely collect and publish data on progress. However, the approach needs to be better coordinated. The Department will collaborate with other partners and review national, regional and global progress in improving maternal and newborn health and global targets and report to international communities and Member States.



Implementing the strategic approach will require consistent efforts by Member States, WHO and partners. Maternal and neonatal health will remain a priority with political, financing, managerial and appropriate and timely technical support. Efforts by WHO will centre on strengthening a core technical team stationed at headquarters and regional offices to support policy formulation, strategic approach development, planning and programme implementation. In priority countries and in a phase manner MPS staff (national/international) will be posted in WHO country offices or through developing Intra-country Programmes to strengthening technical capacity to provide timely support to countries. Technical capacity of the Ministry of Health at different levels will also be built.

This team will be responsible for strengthening WHO's capacity in critical areas (e.g. technical, policy and strategic approach, planning and management, surveillance and monitoring, advocacy, knowledge management, resource mobilization). Additionally, it will foster and encourage partnerships and collaboration with various other UN agencies, the World Bank and regional development banks, donors as well as NGOs, professional bodies, institutions, and the private sector.

The technical team within countries will be responsible for building/strengthening national capacity and providing support to the core teams at district and community levels. To do this, countries need to develop strategic approaches and implement them gradually in accordance with the needs, available resources and conditions of the evolving health systems particular to each country.

4.1 Building a solid foundation

A solid foundation needs to be developed to address maternal and neonatal health as part of effective maternal and newborn care. The building blocks include:

- building on existing country efforts and strengthening the process, structures and system for planning, implementation, monitoring and evaluation of maternal and newborn health programmes;
- designing programmes that will provide the evidence-based package of essential care for the mother and newborn during pregnancy, childbirth and the postpartum and newborn periods;
- adding a technical component to midwifery and strengthening skills of other health workers on the care of newborns and establishing a strong referral system to manage complications and emergencies;
- civil registration monitoring births and neonatal deaths;
- identifying critical elements of locally successful models of care that can be replicated on a larger scale;
- advocating the use of reports of maternal, perinatal and neonatal death reviews to draw attention to the seriousness of the problem; and
- establishing linkages and coordination with child and reproductive health programmes in order to ensure a continuum of care from the immediate post-partum period through the first month of life, during adolescent and pre-pregnancy.



4.2 Removing barriers to access

Access to effective maternal and newborn care must be increased, particularly for the rural and poor. The removal of physical, social and financial barriers, as well as fostering community involvement can achieve this. Specifically, this involves:

- making competent health providers with midwifery skills available where they are most needed (e.g. in rural and urban slums areas) and ensuring them a steady supply of appropriate logistics and supplies, competent supervision and access to referral services (this will necessarily require identifying incentives for health workers to practice in rural areas over long periods);
- enhancing access for rural and remote groups through outreach services like the provision of transport to and from the health facility, and institutionalization of delivery care (i.e. promoting the use of institutions for deliveries to minimize complications and assess emergencies quickly);
- removing financial barriers by providing free care including emergency care to women and their newborns as well as other incentives (e.g. demand side financing);
- mobilizing communities for support;
- improving the transfer of pregnant women and newborns to referral (secondary level) services; and
- monitoring performance and quality of local units by competent supervision.

4.3 Improving utilization of available maternity and child health service facilities

While a wide network of accessible services is being established, the focus of this development must stress the increase of utilization through the improvement of quality. This includes:

- instituting and strengthening clinical and organizational management, including reviews of deaths and clinical audits, monitoring and information systems;
- ensuring effective public health expenditure including demand-side financing; and
- empowering families and communities for home care, care seeking and participation in quality care assurance, i.e. taking part in decision-making and quality control alongside providers of health services.

The Department will strive to ensure efficient and effective collaboration between country offices, regional offices and headquarters on advocacy, development of programme and implementation tools and guidelines, technical assistance, building partnerships and mobilizing resources.

The work will be mainly undertaken at the country level, providing the technical inputs necessary under the four strategic areas, to assist countries with their prioritizing, planning, implementation, monitoring and evaluation. A major focus of the work will be building the capacity of human resources in order to implement the MPS strategic approach.

The development of workplans for future directions will be achieved through joint planning and review through various mechanisms, facilitated by the Programme Advisory Group (outlined below). As a fundamental principle, the Department will act in accordance with the Country Cooperation Strategic approach (CCS).

Country offices have a strategic role. Their responsibilities will include:

- direct evidence-based support to countries, which includes
 - policy formulation
 - programme assessment and review
 - strategic approach/programme planning
 - technical support for capacity building and implementation
 - surveillance and monitoring;
- contributing to global and regional normative works;
- fostering inter-country collaboration and horizontal cooperation;
- building partnerships and inter-agency coordination; and
- advocacy including the mobilization of resources.

Regional offices have a technical support role. Their responsibilities will include:

- coordinating regional policy and strategic approach within the global framework;
- supporting normative function and knowledge management, which includes
 - dissemination, adaptation and utilization of norms and tools;
 - development and updating of region-specific norms and tools;
- providing effective and timely technical support;
- building capacity at regional and national levels for implementation;
- promoting and coordinating inter-country cooperation;
- monitoring and evaluating the quality and timely implementation of activities;
- fostering regional partnerships; and
- advocacy including the mobilization of resources.

Headquarters has a coordinating and monitoring role, while developing new policies.

These responsibilities will include:

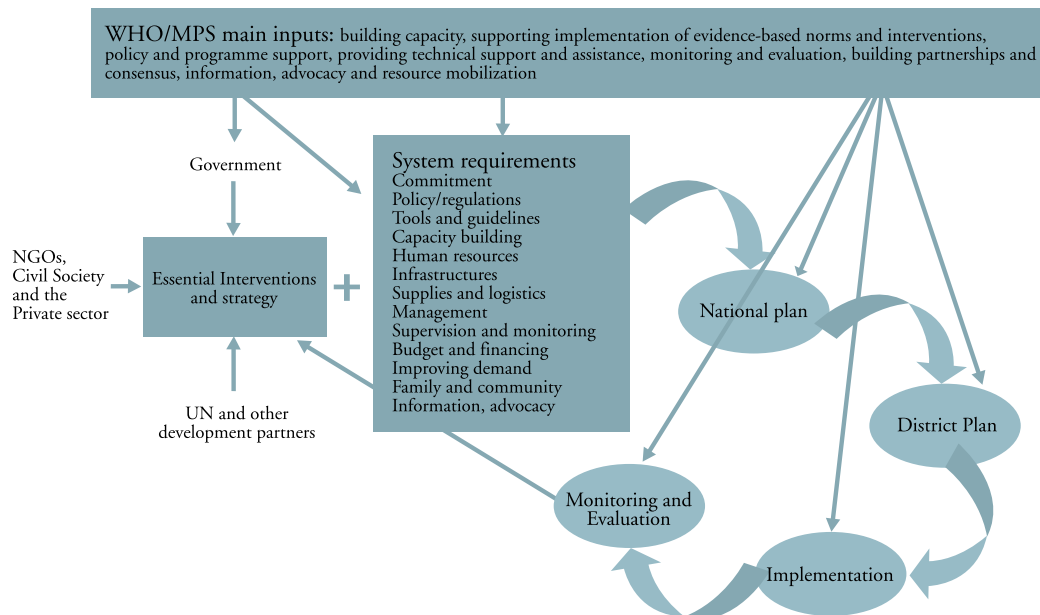
- coordinating technical support, which includes
 - building capacities (country, regional offices and institutions)
 - providing policy, strategic approach and intervention support in coordination with Regional Offices;



- provision of information and advocacy including the mobilization of resources at
 - country, regional and global levels;
- fostering partnerships and coordination
 - within the Organization
 - outside the Organization;
- developing, updating and ensuring timely dissemination of programme and implementation tools and guidelines, which address
 - policy and advocacy
 - assessment, management, implementation and monitoring;
- gathering evidence, and managing knowledge, which includes
 - reviewing lessons learned and experiences gained
 - analysing evidence and building a reference library
 - providing regular and effective information and feedback; and
- monitoring progress and evaluating programmes.

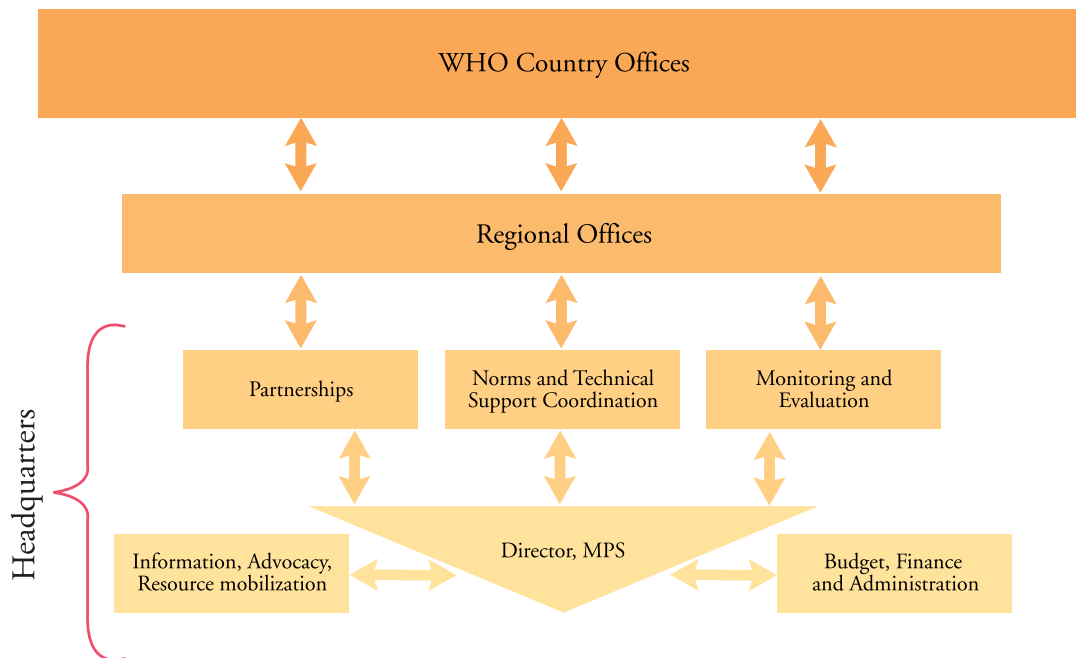
An operational framework has been created. It shows the systems of support to countries and the levels of information exchange (Figure 3).

Figure 3: Operational framework of support to countries



The work of the Department will be planned in collaboration with other relevant departments and will specifically focus on providing the necessary and timely technical assistance to countries to implement the MPS strategic approach according to their own needs and context (Figure 4). To achieve this, a more flexible and responsive approach will be required. Innovative structures and systems must be employed that will facilitate and support this different way of working. Lessons learned can be used from other initiatives within WHO that are also developing a more responsive and action-oriented modus operandi.

Figure 4: Department of Making Pregnancy Safer (MPS)



In order to maximize its effectiveness, the Department will develop strong operational linkages with associated programmes. These linkages will be strengthened through planning discussions, the creation of thematic groups (e.g. on topics such as HIV and maternal health, health system and maternal health, integrated service provision, human resource development) and coordinated support to countries.

7.1 Linkages within the FCH cluster

- **Reproductive Health and Research (RHR):** carry out research to generate evidence in maternal and newborn health, and promote gender issues and a woman's right to access effective reproductive health interventions. Guidance and support for promoting the role of men in maternal and newborn health programmes, support for improving access to family planning to reduce unwanted pregnancies and their consequences, prevention and treatment of STIs including HIV and reproductive tract infections (RTIs) during pregnancy and the postpartum period, and congenital syphilis eradication. Providing evidence from research findings for development and updating of tools and guidelines.
- **Child and Adolescent Health and Development (CAH):** strategic approaches and technical support for breastfeeding, newborn care, pregnancy care for adolescents, HIV in young people and prevention of unwanted pregnancies in adolescents. The MPS Department will have a representative on two CAH working groups: "Pregnant Adolescent" and "HIV in Young People". The continuum of care needed for women and newborns should extend to the child and this should be reflected through joint MPS/CAH implementation strategic approaches at the country level.
- **Gender, Women and Health (GWH):** strategic approaches and support to meet health needs of women with a special focus on violence against women during pregnancy.
- **Immunization, Vaccines and Biologicals (IVB):** strategic approaches to prevent maternal and neonatal tetanus, and use of Baccille Calmette Guérin (BCG) and other vaccines in the neonatal period. Integration of immunization activities within maternal and child health services is key.

7.2 Linkages with other WHO departments

- **Cooperation and Country Focus (CCO):** inclusion of the MPS strategic approach in the WHO CCS (Country Cooperation Strategy) to ensure that necessary technical support to Member States is provided.
- **Government and Private Sector Relations (GPR):** approaches and strategic approaches to resource mobilization and partnership building for making pregnancy safer.
- **Human Resources for Health (HRH):** tools to implement human resources strategies, especially as they relate to achieving MDG 5 target 6: proportion of births attended by skilled health personnel.



- **Health Policy, Development and Services (HDS):** strategic approaches and interventions for strengthening health systems to better meet the needs, especially of poor and underserved women and newborns, during pregnancy, childbirth and the postnatal period. Collaboration is already established in the area of tool development related to policy, programme planning as well as costing of interventions.
- **Global Malaria Programme (GMP):** strategic approaches and interventions for reducing malaria during pregnancy. A working group on Malaria in Pregnancy is already established within the Global Malaria Programme.
- **HIV/AIDS:** strategic approaches to promote protection against HIV, to prevent mother-to-child transmission and promote access to care for HIV-positive pregnant women. An HIV and Pregnancy working group is already established and plan of action agreed upon.
- **Nutrition for Health and Development (NHD):** strategic approaches to promote maternal nutrition for reducing anaemia and micronutrient deficiency in pregnancy and promoting breastfeeding.
- **Technical Cooperation for Essential Drugs and Traditional Medicine (HTP/TCM):** improved access to high-quality essential drugs for pregnancy and childbirth, including those to prevent mother-to-child transmission of HIV and malaria prophylaxis; strategic approaches and technical support in the review of maternal and neonatal drugs in the “WHO Model List of Essential Medicines” and UNFPA/WHO list of “Reproductive Health Commodities”.
- **Essential Health Technologies (EHT):** improved availability, safety and use of blood transfusion services, injections, diagnostics and clinical services for essential obstetric care; improved management of anaemia in pregnancy. An anaemia advisory group is established. Strategic approaches to promote the use of haemoglobin colour scale to detect anaemia in countries lacking resources.
- **Health System Financing, Expenditure and Resource Allocation (FER):** identifying options and strategic approaches for financing effective maternal and newborn interventions at the national level; conducting cost-effectiveness studies of recommended maternal and newborn health interventions to improve national and local policy and planning.
- **Measurement and Health Information Systems (MHI):** using disease burden statistics to provide evidence for defining effective maternal and newborn health strategic approaches and baselines for monitoring and evaluating impact; conducting cost-effectiveness studies of Making Pregnancy Safer 'benchmark' interventions.
- **Epidemic and Pandemic Alert and Response (EPR):** surveillance of communicable diseases related to pregnancy and childbirth; management of tuberculosis during pregnancy and promotion of the directly observed treatment (DOT) strategic approach; strategic approaches to control parasitic diseases during pregnancy.
- **Health Action in Crises (HAC):** integration of maternal and newborn care into humanitarian action in complex emergencies.
- **Mental Health and Substance Abuse (MSD):** strategic approaches and policy advice for mental health in pregnancy, including strategic approaches to prevent or reduce substance abuse during pregnancy and postpartum depression.

- **Chronic Diseases and Health Promotion (CHP):** promotion of behaviour in the community that fosters appropriate responses to pregnant women and their newborn babies, including timely access to care; inclusion of all key messages related to maternal and newborn health within health promotion work and interventions to improve nutrition and reduce anaemia in vulnerable pregnant and lactating women and infants.
- **Injuries and Violence Prevention (IVP):** strategies to prevent injuries and violence, to mitigate their consequences, and to enhance the quality of life for women before, during and after pregnancy. As well as strategic approaches to prevent and control gestational diabetes and hypertension during pregnancy.
- **Tobacco Free Initiative (TFI):** strategic approaches to prevent or reduce tobacco use during pregnancy.
- **Protection of the Human Environment (PHE):** capacity building to reduce pregnant women's exposure to work hazards and environmental health risks.

7.3 Linkages with external bodies

Mechanisms will be established for collaborating with the following partners:

- UN agencies (UNICEF, UNFPA, UNAIDS), the World Bank and regional development banks;
- development partners, including bilateral donors;
- Partnership for Maternal, Newborn and Child Health (Secretariat hosted by WHO);
- NGOs, civil societies and international networks including the Initiative for maternal mortality programme assessment (IMMPACT), Health Metrics Network, Save the Mothers Fund, Obstetric Fistula Project (UNFPA), PREMA (pregnancy, malaria and anaemia), Saving Newborn Lives, Maternal and Newborn Health Project, Averting Maternal Death and Disability (AMDD), the White Ribbon Alliance; and
- professional associations.



A programme Advisory Group comprising the following expertise will be formed to review progress and advise on future directions for accelerated actions in countries. It will include representation from:

- **technical and programme experts**
 - gynaecologists & obstetricians
 - neonatologists
 - nurse midwives
 - public health specialists
 - health system experts
 - social scientists
 - economists
 - surveillance and monitoring experts
 - country programme officers
 - social mobilization and communication experts; and
- **partners**
 - UNFPA, UNICEF, the World Bank and regional development banks
 - professional and regional bodies and associations
 - donors including philanthropic organizations
 - NGOs
 - the private sector.



The international community's commitment to improving maternal health and reducing child mortality is clearly articulated in the MDGs. This MPS global strategic approach outlines the priority actions needed for reducing maternal and perinatal mortality and morbidities globally, which will assist the community to meet the MDGs.

What has been missing until now has been a coordinated plan for translating these commitments into reality in countries. The central message of this paper is that extra efforts are needed to accelerate support to countries for the reduction of maternal and perinatal mortality and morbidity. The priority objective is to ensure skilled care at every birth, while at the same time, working to ensure a continuum of care for all women and their newborns. This continuum of care encompasses the life-cycle of the woman, from adolescence through to the birth of her own child. Additionally, it includes all levels of the health system from the household to the first service level, and a higher-level referral service site, as appropriate for the needs of each woman or newborn.

Reaching this objective will require, above all, a clear commitment from national governments at the highest political levels. Evidence suggests that this commitment can be the key difference between success and failure, and that even the poorest countries can make major advances if priorities are established and resources are made available.

The international community cannot hope to make meaningful progress in the reduction of maternal and perinatal mortality and morbidity, let alone achieve the MDGs, without the coordinated input and action of key stakeholders at the national and international level. In addition, the concerted support, and coordinated action of the international community can be a crucial ingredient in helping national governments to help themselves.

A healthy pregnancy and a safe birth for a woman and her newborn are not just about socioeconomic well-being and development; they are basic human rights - inseparable from the right of all people to health, security and equality of opportunity. What makes existing levels of maternal and newborn mortality so unacceptable in many countries is that the majority of these deaths are preventable: the expertise exists, the knowledge and resources are available and with this global MPS strategic approach, there is now a plan for accelerated actions in countries. Our investments need to be equal to the task of assisting countries to reduce maternal and perinatal morbidity and mortality.



Since its inception in January 2005, the Department of Making Pregnancy Safer (MPS) at the World Health Organization, sets out a way forward for making pregnancy and childbirth safer for women and their newborns, and thus accelerating the reduction of maternal and perinatal mortality and morbidity - especially in the developing world, where 98% of these deaths occur.

The key goal of the Department is to provide technical support and through building national capacity for managed care and universal coverage, to ensure skilled care for 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.