

# **Making a difference in countries: Strategic approach to improving maternal and newborn survival and health**

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## Summary

These guidelines elaborated in 2006 warn the international community that not enough efforts are done to achieve in 2015 the Millennium Development Goals of reducing by three-quarters the maternal mortality ratio, and reducing by two-thirds the under-five mortality rate. The paper draws attention on the need of redoubling initiatives to reach continuum of care and universal coverage insuring skilled care at every birth.

The paper proposed four strategic directions with 12 component approaches to reach the target:

- 1- Building a conducive social, political and economic environment to support timely actions in countries (three approaches)
- 2- Responding to country needs to achieve universal coverage of essential interventions that will ensure skilled care for every birth (four approaches)
- 3- Building effective partnerships across relevant programs and partners for coordinated actions in countries (two approaches)
- 4- Strengthening assessment, monitoring and evaluation for better decision-making by policy-makers and planners (three approaches).

**Conclusion:** The guides contribute to program development and strengthen the capacity of countries to identify and implement suitable interventions for ameliorating reproductive health.

**Key words:** Maternal and neonatal health, services improvement, accessibility.

## Introduction

The health problems of the child, in particular the reduction of the infant morbidity has been the main concerns of the international community and African countries for many years. It is only in 1987 that the first conference for risk-free maternity was held in Nairobi. This conference gave rise to the risk-free initiative. The objective retained was to reduce maternal mortality by 50% between 1990 and 2000. This objective was further adopted by other international forums including the World Children summit in New York in 1990, the International Conference on Population and Development (ICPD) in Cairo in 1994<sup>1</sup> and the fourth World Women's Conference in Beijing in 1995<sup>2</sup>. The United Nation Millennium declaration later in 2000 adopted most parts of the goals of the action plans that invited all countries to reduce the level of maternal mortality by  $\frac{3}{4}$  and the mortality among children below the age of 5 years by  $\frac{2}{3}$  compared to the current levels by 2015.<sup>3</sup>

Five years after the declaration of the Millennium Development Goals (MDG's), little efforts were made by the nations especially the developing countries where 98% of maternal and neonatal deaths occur. To speed up the achievement of these objectives, international community especially the United Nations (UN) and World Health Organization (WHO) developed strategic programs and hold summits to guide governments to develop concrete global plans and focus efforts at the country level to translate these international recommendations into lives saved. WHO created a news department of Making Pregnancy Safer (MPS) to help shape technical support to countries to improve maternal, perinatal and newborn health.

The actual review "*Making difference in countries: strategic approach to improve maternal and newborn survival and health*" is contribution of the department of MPS by the program Integrated Management of Pregnancy and Childbirth (IMPAC) which advocated continuum care and universal coverage ensuring skilled care at every birth within the context of continuum of care.<sup>4</sup> IMPAC include guidance and tools to improve the health system response, the health worker skills, family and community actions and care.

In the actual document, the MPS Department recommended four strategic areas to reach the target of IMPAC:

**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 program and implementation tools and guidelines.

**Strategic direction 3: Building effective partnerships across relevant programs and partners for coordinated actions in countries.** This area focuses on strengthening health systems and service delivery. Working closely with other WHO programs (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.

## **Appraisal of this guideline “Making a difference in countries: Strategic approach to improving maternal and newborn survival and health”**

### **2.1. Scope and purpose of guideline**

**2.1.1.** The main objective of guideline is to help countries and partners to improve their capacity to reach universal coverage of essential interventions for all women and newborns. Specifically present guide help countries to improve health care delivery system and also integrate other services care which in poor settings contribute in increasing of the maternal and newborn mortality and morbidity.

**2.1.2.** The Question covered by the guide is giving strategic approaches to countries how to accelerate achievement of MDG’s target 5A and 5B.<sup>5</sup>

**2.1.3.** The guideline is meant to apply to government, state members, non-governmental organizations (NGO’s), health workers, community groups, medias, families and women.

### **2.2. Stakeholder involvement**

**2.2.1.** Involvement of different relevant professional group were assured during writing of the guide by real participation of other department of WHO, UN, World Bank, state health members (especially those for developing countries for Sub Saharan-Africa and South Central Asia), gynecologists and neonatologists. Other international partners like NGO’s, UNFPA, Unicef, UNDP were also involved either during setting of this global strategic approach or those of the relevant 12 components.<sup>6-8</sup>

**2.2.2.** Target groups, views and preference were sought in the fact the recommendations were based only on evidence-based interventions and both positive and negatives lessons were developed to reinforce the recommendations.

**2.2.3.** The users of these guides are the entire community especially government and its international partners, state members, non-governmental organizations (NGO’s) financial providers and donors, health workers, community groups, medias, families and women.

**2.2.4.** The guide was piloted among the target users in the fact that recommendations were based on evidence-based interventions on safe motherhood activities.

### **2.3. Guideline development**

**2.3.1.** Systematic methods were used to search evidence.

The guide started on the reminder of the MDG’s, context with the range of maternal and neonatal mortality and morbidity containing the epidemiological analysis region by regions. Special attention was paid on poor and developing countries.

### **2.3.2. Description of criteria for selecting the evidence were clearly describe.**

The main causes of maternal and neonatal deaths are known and avoidable. In many countries, especially in Africa, appropriate care remains unavailable, inaccessible or of poor quality. Each of these three components of appropriate care, were fully revisited to draw attention and responsibility of each user group of the guide.

### **2.3.3. Methods used for formulating recommendations clearly described.**

Recommendations were formulated based on situation analysis and evidence based interventions in both developed and developing countries. Common causes of maternal and neonatal deaths were reviewed to set up the shortage of intervention at different level resulting on a particular recommendation.

### **2.3.4. The health benefits, side effects and risks have been considered in formulating the recommendations.**

It was clearly established that quality, availability, acceptability and accessibility of health care services, skilled birth attendant are key factors of improvement of maternal and neonatal death. However, improvement of some medical facilities with overuse of certain techniques and technologies can deteriorate the morbidity rate of the mother and the newborn. For example: caesarian section and intrauterine fetal monitoring, practice of non secure blood transfusion, and systematic use of intravenous oxytocic by non skilled birth attendant.

### **2.3.5. Link between the recommendation and the supportive evidence.**

Recommendations were made in the way that focus efforts and actions will be transformed in the field into mother and newborn live saved.

### **2.3.6. Procedure of upgrading the guideline.**

Guideline recommended at each national level, the creation of programme advisory group comprising local technical and programme experts, and partners to review progress and advise on future direction for accelerating actions.

### **2.3.7. Recommendations are specific and unambiguous.**

The fourth strategic directions globalised the interventions while each of the twelve components was clearly elucidated. Department of MPS don't impose guideline to country, it play a role of facilitator who provides tools, documents, and initial IMPAC guide to help countries building local norms, procedures and guides. As improvement maternal and neonatal health need multisectorial interventions, each focus group and stakeholder were enumerated and responsibilities attributed.

### **2.3.8. Key recommendations easily identifiable, practical and strong.**

As it was said before, only four strategic directions were retained, but each strategic direction were treated in detail into two to four components approaches. Each of the twelve component has his objective and recommended action

### **2.3.9. Guideline supported with tools for application.**

The present guideline didn't provide tools for application its main objective was to pouch countries to build local operational guideline. It also clarify the role and responsibility of each institution or focus group at international, regional and local settings.

### **2.3.10. Guideline peer review and testing.**

The present guideline provided wide linkages with database and institutions who may provide evidence based guidelines related to mother and child heath, and resources mobilization.

These linkages concern other WHO departments, UN agencies (Unicef, UNFPA, UNDP, UNAIDS), NGO's, civil societies and international networks

## 2.4. Applicability

### 2.4.1. Guideline known in Cameroon health environment

The present guideline is largely used by Cameroon from the strategic level (Ministry of Public Health) through intermediate level (Regional Delegation of public health) to operational level (Health District). National representations of WHO, UN agencies (UNICEF, UNFPA, UNDP), World Bank who are founding partners the initiative of reduction of maternal and newborn mortality and morbidity collaborate with concerned ministry departments (Public health, Youth, Social affairs, Economy and Planning, Promotion of woman and Family) to put in place the recommendations of this guideline.

The first strategic guide entitled “*Stratégie Sectorielle de la Santé 2001-2015*”<sup>9</sup> elaborated under the programme *Heavily Poor Indebted Country* (HPIC) was revised in 2006 and 2009 taking in consideration the recommendations of the present guides. Most of the preexisting tools, protocols, procedures and national guidelines used in reproductive and child health are under revision.

### 2.4.2. Applicability of the recommendation in professional practice in Cameroon

Government of Cameroon starts implementation the recommendation from year 2000 by updating health and demographic data. The most important tool available is data from “Enquête de Démographie et de Santé 2004” (EDS III).<sup>10</sup> In 2005, after 18 years, a new general population census was carry out and results published in April 2010.<sup>11</sup> In these recent published results, health and demographic indicators were reviewed in conformity with the present recommendation.

From 2006, a Roadmap for Reduction of Maternal and Neonatal Mortality 2006-2015 (RRMNM)<sup>12</sup> was elaborated with four pillars: evidence based prenatal care, delivery with skilled attendant, family planning and emergency obstetrical care. The cost of the programme is estimated at 12 190 724 350 US Dollars. Policy, norms and protocols of reproductive and newborn care were review and disseminated (see annex1). Many initiatives are on the way to strengthen the health status of women during pregnancy, at labor and after delivery (training of health attendants, rehabilitation of community based services and maternities). Effort is made to control some pathologies aggravating pregnancy complications (Free access to screening of HIV, Antiretroviral therapy, prevention of malaria and treatment of tuberculosis) contributing into integration of care.<sup>13-15</sup>

With the support of some NGOs and international institutions, discussions are on the way to reinforce the rights of women and children in the domain of RH (access to abortion care, family planning, property, female genital mutilation).

#### 2.4.2.1. Barriers to implementation of the guidelines

Despite the existence of many local guidelines exist trying to improve health care in general and particularly that of the mother and newborn, these guidelines are not Known or applied by many health district services especially those from hinterland due to conditions which follow:

- Lack of financial support; Much of time, implementation of new guideline is expensive for writing, duplicating and disseminating, during the two last decades, Cameroon was under restructural adjustment plan of the International monetary fund, there were not enough financial resources to rehabilitate health structures and little disposable resources were consumed at strategic level of the ministry of health to build

and didn't reach the operational level of district. Moreover, implementing new functional guides need training and in Cameroon there a malpractice of prepaying civil servant before training them; those who were not attained the training are against change because of the shortage of the financial gain. Most of the local guidelines budget depend on promises of external financial providers which some time are not fully respected.

- For more than fifteen years, recruitment of new personnel was band in health sector due to economic crisis, by the year 2000 when the MDG's were enounced, health workers on the field were old, underpaid and without motivation. Moreover, there's no decentralization, when the country reached the end point of Initiative of heavily poor indebted country, funds resulted were diverted onto private account.
- Some guideline like procedures of family planning services meted disapprobation of some religious setting (Muslim and Christian against any other non natural modern contraception). Multitude of local language, poor schooling level of certain regions and analphabetism diminish the speed of improvement and implication of community.
- Lack of communication means (roads, vehicle...) diminishes the process of integration and reference/counter-reference.

#### 2.4.2.2. Guidelines used in my country

Most of the guides used in Cameroon followed the present recommendations. Some of these local guidelines were cited upsets, an annexed document to this assignment provides references and available documents; the list will be continuously refreshed (*see Annex 1*).

#### 2.4.3. Recommendation of this guideline in professional practice or in country

The present guideline has become essential at all level of health decision.

## Conclusion

It's now admitted that MDG's proclaimed in 2000 was not another more slogan. The actual mobilization of the international community prove that something will be done by the Year 2015, even if the target aims will not reach, developing nations where 98% of maternal and newborn mortality and morbidity occur are conscious of their responsibilities. WHO through Department of making pregnancy safer create the Integrated Management of Pregnancy and Childbirth (IMPACT) to help technical support to countries in strategic and systematic way to improve maternal and newborn health.



## References

1. United Nations. *Report of the International Conference on Population and Development*. New York: United Nations; 1994 (A/CONF.171/13/Rev.1).
2. United Nations. Report of the Fourth World Conference on Women, Beijing, 4-15 September 1995 (sales N° E.96.IV.13).
3. United Nations General Assembly. *United Nations Millennium Declaration. United Nations General Assembly, 55th Session, Agenda item 60(b)*. New York: United Nations; 2000 (A/RES/55/2. 1–9-2000).
4. World Health Organization. *Working towards universal coverage of maternal, newborn and child health interventions*. Geneva: WHO; 2005 (resolution WHA58.31).
5. World Health Organization. *Achieving Millennium Development Goals target 5A and 5B on reduction of maternal mortality and achieving universal access to Reproductive Health*. Geneva: WHO/RHR/09.06.2009.
6. World Health Organization. *Reproductive health indicators for global monitoring: guidelines for their generation, interpretation and analysis*. Geneva: WHO; 2006.
7. World Health Organization. *Accelerating progress towards the attainment of international reproductive health goals. A framework for implementing the WHO global reproductive health strategy*. Geneva: WHO; 2006.
8. World Health Organization. *National-Level monitoring of the achievement of universal access to Reproductive Health*. Geneva/ WHO; 2008.
9. Ministère de la santé Publique. *Stratégie sectorielle de santé 2001-2015*. Yaoundé ; 2009.
10. Ministère de l'économie de la planification et de l'aménagement du territoire. *3<sup>e</sup> enquête de démographie et de santé (EDSIII)*. Yaoundé ; 2004.
11. Ministère de l'économie de la planification et de l'aménagement du territoire. *3<sup>e</sup> recensement général de la population 2005 (RGPIII)*. Yaoundé ; 2010.
12. Ministère de la santé Publique. *Roadmap of reduction of maternal and neonatal mortality*. Yaoundé; 2006.
13. Ministry of public health. *Roadmap of reduction of maternal and neonatal mortality*. Yaoundé; 2006.
14. Ministère de la santé Publique. *Prévention de la transmission mère enfant du VIH : guide de poche*. Yaoundé; 2006.
15. National Committee Roll back Malaria. *Traitement préventif intermittent du paludisme chez la femme enceinte : directives opérationnelles*. Minsanté/PNLP : Yaoundé ; 2004.

## Annex 1

Strategic approach to improving maternal, newborn survival and health in Cameroon :  
Guideline, norms and protocols

N°	Title of the guideline	Author	Year
1	Protocoles des services de planification familial au Cameroun : guide du prestataire	MPH <sup>1</sup>	1994 / 2008
2	Droits des femmes en matière de santé de reproduction au Cameroun : Rapport alternatif (www.reproductiverights.org)	ACAFEJ <sup>2</sup>	1999
3	Observations finales du Comité des droits économiques, sociaux et culturels, Cameroun, U.N. Doc.E/C.12/1/Add.40	United Nations	1999
4	Millennium development goals (MDG's)/ Progress report at provincial level	MINPAT <sup>3</sup>	2003
5	Stratégie sectorielle de santé 2001 - 2015	MPH	2000/ 2006/ 2009
6	Plan stratégique de lutte contre le SIDA	MPH /CNLS <sup>4</sup>	2000
7	Politique des services de SR	MPH	2000
8	Normes et protocoles de SR	MPH	2000
9	Procédures des services de SR	MPH	2001
10	Guide technique pour la prévention de la transmission mère-enfant du VIH au Cameroun	MPH/CNLS	2001
11	Prise en charge intégrée des maladies de l'enfant (PCIME): guide de l'animateur pour la présentation des modules	MPH	2002
12	Planification et gestion des programmes de santé au niveau du district	MPH	2003
13	Politique Nationale de lutte contre les infections sexuellement transmises & algorithmes de prise en charge des IST selon l'approche syndromique	MPH/OMS	2004
14	Enquête de démographie et de santé (EDS III)	MINEPAT	2004
15	Traitement préventif intermittent du paludisme chez la femme enceinte : directives opérationnelles	MPH/PNLP <sup>5</sup>	2004
16	Promotion de l'égalité et de l'équité entre les sexes : Manuel de formation des encadreurs, leaders d'associations de femmes et autres partenaires en genre, gestion des ADC, Techniques d'animation et de prévention des IST/VIH/SIDA	MINPROFF <sup>6</sup> UNFPA	2005
17	Manuel de vulgarisation de l'approche genre	MINPROFF UNESCO	2005

18	Roadmap of reduction of maternal and neonatal mortality	MPH	2006
19	Prévention de la transmission mère enfant du VIH : guide de poche	MPH	2006
20	Guide du communicateur local en faveur des soins obstétricaux et néonataux essentiels et d'urgence	MPH	2006
21	Guide du communicateur local en faveur des soins obstétricaux et néonataux essentiels d'urgence.	MPH	2006
22	Statistiques sociodémographiques et sanitaires	?	2007
23	Compétences en communication interpersonnelle et counseling IST/VIH/SIDA : Manuel de référence	CEFA <sup>7</sup>	2007
24	Guide de la semaine d'action de santé et de nutrition infantile et maternelle	MPH	2008
25	Manuel des indicateurs clés et du plan intégré de suivi-évaluation de la mise en œuvre de la stratégie sectorielle de santé	MPH	2008
26	Renforcement du système d'information sanitaire et du suivi-évaluation du « sector wide Approach (SWAp) » : plan d'action sur 4ans	MPH	2008
27	Normes et protocoles des soins néonataux	MPH	2008
28	Guide : Semaine d'action de santé et de nutrition maternelle et infantile	MPH	2008
29	Enquêtes Camerounaise auprès de ménages (ECAM III)	MINEPAT	2008
30	Cameroon health sector partnership strategy	MPH	2008
31	Accompanying the adherence of patients under ARV treatment: charts for accompanying patients	MPH	2008
32	Projet survie de l'enfant d'impact élargi: Guide du facilitateur	MPH	2009
33	3 <sup>e</sup> recensement générale de la population	MINEPAT	2010

1: Ministry of Public Health. The guidelines are available on <http://www.minsante.cm/>

2: Association Camerounaise des femmes juristes

3: Ministère de l'économie, de la planification et de l'aménagement du territoire

4: Comité national de lutte contre le SIDA

5: Programme national de lutte contre le paludisme ; Comité national Roll Back Malaria

6: Ministère de la promotion de la femme et de la famille

7: Centre d'études de la famille africaine