



**World Health
Organization**

REGIONAL OFFICE FOR **Europe**

**WHO experts meeting:
“Reduction of maternal and neonatal
morbidity and mortality in countries
of Eastern Europe by improving the quality
of antenatal and postpartum care”**

**31 October – 2 November, 2012
Moscow, Russian Federation**

**WHO Collaborating Centre for Research in Human Reproduction, Research
Centre of Obstetrics, Gynaecology and Perinatology, Ministry of Healthcare
and Social Development of the Russian Federation**

ABSTRACT

International community and all Member States of the WHO European Region have agreed that one of the prerequisites for further development, is the improvement of maternal and child health. Globally 356,000 women die and 15 million women develop long-term consequences every year due to complications of pregnancy and childbirth. More than 3 million newborn babies die in the first month of life.

Keywords

INFANT HEALTH
MATERNAL AND CHILD HEALTH
MATERNAL HEALTH
MORTALITY, MATERNAL
QUALITY OF HEALTHCARE

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Background

International community and all Member States of the WHO European Region have agreed that one of the prerequisites for further development, is the improvement of maternal and child health. Globally 356,000 women die and 15 million women develop long-term consequences every year due to complications of pregnancy and childbirth. More than 3 million newborn babies die in the first month of life.

According to the recent estimates the average annual decline of maternal mortality ratio in Caucasus and Central Asia countries from 1990 to 2010 is 2.1% while 5.5% is needed to reach the Millennium Development Goal (MDG) target 5A. The average annual percent decline of maternal mortality ratio in Central and Eastern Europe and the Commonwealth of Independent States (CIS) during the same time period as well as in the average for the WHO European Region was 3.8%¹.

Neonatal deaths constitute half of under-five deaths in the WHO European Region, prematurity and low birth weight, congenital anomalies, birth asphyxia, birth trauma, and neonatal infections being the leading causes of neonatal death.

Good quality of primary health care is seen as the key for reducing maternal and newborn morbidity and mortality. Differences in care related to social status, gender and ethnicity are important contributors to inequity in health outcomes.

WHO Regional Office for Europe has been engaged in an ongoing process for improving quality of care (QoC) for mothers and newborn babies at all levels of health services. Better QoC aims at delivering health services to pregnant women, mothers and newborn babies consistent with evidence based practise. To assess the quality of maternal and newborn care in primary, out-patient health care, WHO has developed a specific quality of care assessment tool, based on international standards, covering the main clinical aspects of antenatal and postpartum care. This tool helps countries and institutions identify areas of success and high quality as well as the areas requiring improvement. The QoC assessment process actively involves national policy makers, health professionals of different specialities and service users.

Assessment of the quality of antenatal and postpartum care (APPC) for women and newborn babies by using the new tool which been developed by the WHO Regional Office for Europe, was carried out in Kyrgyzstan (March 2012) and Turkmenistan (September 2012).

The government of the Russian Federation is supporting WHO work in the area of maternal and newborn health and provides funding for the 2 year project “Strengthening Maternal and Neonatal Health Programme of the WHO Regional Office for Europe; Activities in the Countries of Eastern Europe”.

Introduction

The meeting was opened by Dr Oleg Phillipov representing the Ministry of Health of the Russian Federation; the head of the hosting institution Prof G. Sukhikh and by WHO Representative Dr Luigi Migliorini.

Dr Phillipov stated this is one of the first projects together with the WHO funded by Russia. The WHO Collaborating Center hosting the expert meeting is the leading center in maternal and

¹ Trends in Maternal Mortality: 1990 to 2010; WHO, UNICEF, UNFPA and the World Bank estimates, WHO, 2012

newborn health, including antenatal and postpartum care, it would be good to use a setting an example for other institutions in the Russian Federation and beyond.

Prof. Sukhikh was very happy that the Russian government is investing in this area of maternal and child health. He emphasized that it will create possibilities to exchange ideas and experience for the staff and hospital and build additional capacity to set the best example in the area.

Dr Migliorini welcomed all participants of the meeting on behalf of the WHO and confirmed that health of mothers and children remains among the priorities of the WHO globally, in the European Region and in many Member States. Due to financial crises many donor countries have decreased their financial support, so support of the Russian Federation for the countries of Eastern Europe and Central Asia is very timely and much appreciated.

He expressed special welcome to the experts from the Russian Federation and hope that exchange of the best practices and knowledge will result in improving maternal and newborn health and achievement of Millennium Development Goals 4 and 5 by 2015.

Objectives of the meeting

The main objectives of the WHO expert meeting organized in Moscow were:

- Introduce participants to the latest WHO guidelines and standards developed in the area of maternal and newborn health with special emphasizes on APPC for women and newborn babies.
- Discuss experience in Eastern Europe and Central Asia in improvement of quality of maternal and newborn health care including primary health care.
- Discuss the process and outcomes of the pilot assessments of the quality of APPC for women and newborn babies.
- Finalize the assessment tool of the quality of APPC for women and newborn babies.
- Expand the pool of Russian speaking obstetricians and gynaecologists, midwives, neonatologists and family doctors that are familiar with the assessment tool of the quality of APPC for women and newborn babies and its implementation.
- Develop plan of the implementation of the assistance to target countries (Armenia and Kyrgyzstan) in improving the quality of APPC for women and newborn babies.

Another specific objective was to increase the number of Russian speaking experts as the target countries of the Russian project are ARM and KGZ and the timeline to achieve the set targets is narrow. The main factor that the WHO is focusing on, is the information and reporting on MCH. Much has been done in this area and apart from the target countries many other countries have received the technical support from WHO. In 2011 there was initial info on the progress on improvement of maternal health. In many countries the recoding of vital statistic in the area of maternal mortality (MM) is through surveys, which is problematic.

Outcomes of the 5 main topics

1) Maternal and Newborn Health in Countries of Eastern Europe and Central Asia

According to the Health for All Data Base (HFA-DB) for MM there are big discrepancies between the EURO countries. There are estimated MM trends, where each trends would have a different reason and need of clarifications about the data. There is a quite big difference between the estimates and the reported data by all countries in the region.

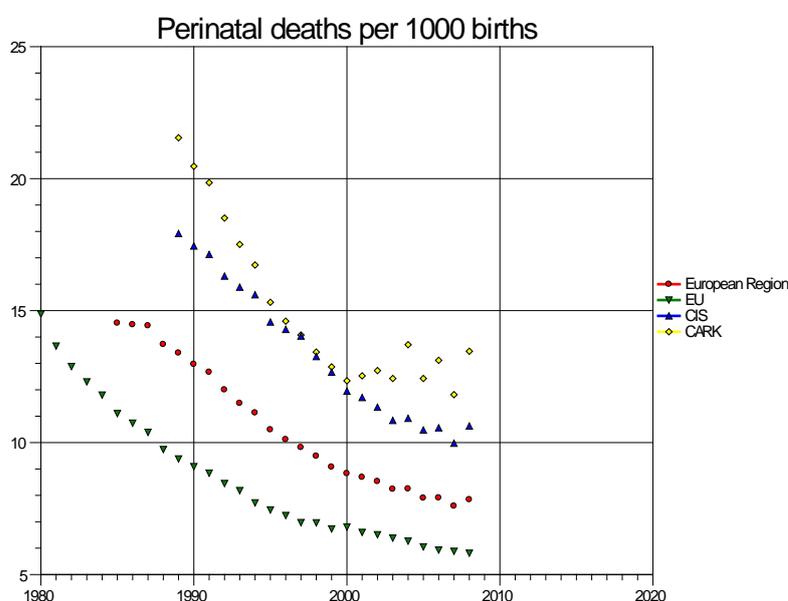
Although the MM is decreasing by 3.8% per year there is still further need to decrease this trend in order to achieve the 5.5 % required to achieve MDG 5.A new tool has been published recently “The WHO application of ICD-10 to deaths during pregnancy, childbirth and puerperium: ICD MM “

<http://www.who.int/reproductivehealth/publications/monitoring/9789241548458/en/index.html> .

At this stage it is only accessible in English, but there are plans to translate it into Russian and might help the countries to identify the causes of MM.

There are direct and indirect causes of MM and if you look beyond the numbers it is possible to see that the indirect and direct causes fluctuate.

As for the neonatal mortality (NM) and perinatal mortality (PM) the trends are similar as to the reporting and estimates, the discrepancies are substantial. It is only by fully understanding the causes that the WHO can help provide the proper help needed to decrease the MM, PM and NM.



The Maternal and Newborn Health programme in the WHO Regional Office for Europe has been present in the Eastern European and the Central Asian Republics for a number of years, and specific tools have been adapted to this Region.

In the area of maternal and newborn health, data collection and reporting can be problematic in the Region, due to a number of factors; one of the main factors being that countries want to appear “good” in the statistics, which then pressures health professionals to deliver this kind of data. In some countries the tendencies is pushed even further, by setting quotas for data, and this can have graves consequences for the health professionals, and at the end also seriously affecting the quality of care. Eastern Europe is very different from other regions in the world in the sense that fear from punishment and blame is the main factor for the data not being correct. Therefore, a key to change practice is a change in the mentality and how the changes are taken about.

To support this, two main things can be done to reverse this tendency: At policy level, it is crucial that the ministries of health are aware that as soon as the quality of data collection

improves, the statistics will become worse. Second, the international community needs to congratulate and ensure positive feed-back to the countries that start reporting correct data.

It is very important that experts are aware of these tendencies when they start working in this Region. The continued development and adaptation of a number of tools in the area of maternal and child health has provided the means to successfully change the practice at different levels, and has shown positive outcomes in the improvement of the quality of care in this Region. It is essential to assist countries to translate guidelines and practice into concrete actions and protocols, and the best way is through scientific evidence. The collection of data, showing best practices and improved quality of care needs to be analysed and summarized.

2) WHO tools in improving the Quality of Maternal and Newborn Care in the Region

The session was dedicated to the introduction of the different WHO tools available or under development, and the question of using them in the Region and countries.

The “Effective Perinatal Care” training tool (EPC)

<http://www.euro.who.int/en/what-we-do/health-topics/Life-stages/maternal-and-newborn-health/policy-and-tools/effective-perinatal-care-training-package-epc> is based on the knowledge and experience gained with the help of the counterparts, experts and colleagues throughout the Region. The development process and the expertise has been, for a major part a process of “learning by doing”. The involvement of health professionals has been crucial in order to succeed in the change of practices, as well as collaboration with partners, especially in times of scarce funding.

The “Beyond the Numbers” (BTN)

http://www.who.int/maternal_child_adolescent/documents/9241591838/en/index.html tool through the two methodologies, near miss case review (NMCR) and confidential enquiry of maternal deaths (CEMD) has shown that it can also lead to an important improvement in the quality of care. The tool permits to identify the true causes of maternal and neonatal morbidity and mortality, by using confidentiality and ensuring that health staff is not blamed during the NMCRs and CEMD sessions. A correct review of morbidity and mortality cases can be carried out, thus providing an accurate insight into the causes. Only then it is possible to change practices and improve the quality of care provision.

It was also found that once the training Effective perinatal Care (EPC) is ongoing, the implementation of the NMCR and to some extend CEMD, is proven to be more efficient.

Specific publications on primary health care with focus on universal coverage, public policies and leadership, education and training could also be considered used in the Region. There is a whole new trend in keeping leadership and staff motivated. It is important to look at the management aspect, which can also improve the whole service in a facility. Educating staff in the area of counselling, spending more time with patients, required new ways of thinking.

Recently there is an increased focus on postnatal care, and a new tool which can help identify problems and pathologies. Furthermore, the ANC tool has been updated to focus more on quality of care instead of availability. They will both be available early 2013.

Linked to the tool on “Beyond the Numbers” methodologies, there has also been an increased focus on surveillance, and its importance, as more and more countries are interested in using real time data to take corrective measures. This can be done through the framework of surveillance

and accountability through the maternal death surveillance review (MDSR) and quality improvement. There is also an ongoing update of evidence based guidelines (most recently in eclampsia, calcium, aspirin, and magnesium sulphate:

http://www.who.int/reproductivehealth/publications/maternal_perinatal_health/en/index.htm

Needless to say all the WHO tools developed are recommendations, and have to be adapted to the specific country. It is a difficult task, and there are cases where it would be beneficial to have country experts get together to discuss which specific topics in for e.g. an assessment should be adapted, included or removed.

Experts discussed the need to develop some universal indicators, and also how to communicate and “translate” international recommendations to national level. It would also be recommendable to shift the focus from evidence based guidelines towards the successful implementation of these, to identify what works and what doesn't. It is a fact that implementation research is going to dominate in the future, it is still not clear which areas need to be expanded, but it is foreseen that leadership and human resources is core to this.

There is also the challenge of getting the WHO recommendations out into the countries, many of the core publications are not well known or distributed, it would be recommended that WHO promotes core publications inside the countries in a more systematic and effective way. This means that depending on the countries one must look at the health system, the primary health care (PHC) level, professional societies as well as incentives of health professionals, the establishment of focus groups etc.

It is also good to remember that in some countries not all WHO recommendations or guidelines can be implemented as they are not supported legally in the country, so there is a problem with jurisdiction and need to be taken into account.

The development of the assessment tools: “MPS WHO tool for assessing the performance of the health system in improving maternal and newborn, child and adolescent health”

<http://www.euro.who.int/en/what-we-do/health-topics/Life-stages/maternal-and-newborn-health/publications/2009/making-pregnancy-safer-tool-for-assessing-the-performance-of-the-health-system-in-improving-maternal,-newborn,-child-and-adolescent-health> and the “MPS

Assessment tool for the quality of hospital care for mothers and newborn babies”

<http://www.euro.who.int/en/what-we-do/health-topics/Life-stages/maternal-and-newborn-health/publications/2009/making-pregnancy-safer-assessment-tool-for-the-quality-of-hospital-care-for-mothers-and-newborn-babies> were developed based on a list of standards with an

interdisciplinary approach, in order to measure and understand the link between the guidelines and what needs to be addressed. It gives the opportunity to know not only the opinion of health professionals but also of the woman. The tools are strongly linked and are best used together not separately. It would be useful to adapt the upcoming HQ tool for ante- and postnatal care to this region and would link well in to the other tools. A strong recommendation from the experts is to always ensure that follow up assessments are carried out after an initial assessment; otherwise it is a waste of resources.

3) Activities in improving the quality of maternal and newborn care in counties of the Region

There are several key players when it comes to improving the quality of maternal and newborn care in the Region. Apart from the WHO there is a need for MOHs to lead and coordinate the effort in the field, among UN organizations, NGOs and the WHO Collaborating Centers.

The WHO headquarters and Europe gave an overview of the area where they provide technical support to countries, mainly through the biennial collaboration agreement between the WHO Regional office for Europe and the Member States. Providing support to countries is to some extent limited by scarce resource, both in terms of funding and in terms of human resources. And therefore collaboration with partners and professional institutions is a key to success.

A short summary of the H4+ UN organization platform was given

http://www.who.int/maternal_child_adolescent/news_events/news/2012/h4plus_20120921/en/, which includes 5 countries from the European Region. Each of these countries will receive financial support once they have developed an action plan to improve information and accountability for women's and children's health. Thanks to the Russian Federation funds WHO has also been given the opportunity to focus specifically on the reduction of maternal and neonatal morbidity and mortality by improving antenatal and postpartum care in Armenia and Kyrgyzstan.

The WHO Collaboration Centres (CC) also play a major role in the development of tools and guidelines. An overview of the 3 WHO CC was given by experts present:

- The WHO Collaboration Centre, the Institute of Maternal and Child Health , IRCCS Burlo Garofolo Trieste, Italy has been a WHO CC since 1992, with both WHO HQ and Europe, the 3 main terms of reference being:
 - 1) Research on neonatal care; Quality assessment on paediatric care
 - 2) Guidelines and training tools on essential newborn care guidelines; assessment tools for MNCAH; the pocket book; and initiating of the European summer school for MNCAH.
 - 3) Assistance to countries to initial step on improving and integrating Evidence based practises in Perinatal health; assistance also to inter-country activities; with very good results. Technical support through the financial support of the RF on paediatric hospital care; two countries in the Region (TJK and KGZ) and 2 in Africa.
- The WHO CC for Perinatal Medicine and Reproductive Health Institute for the care of Mother and Child in Prague is keen to take into consideration the specificities of the regions and countries. There is a need, when importing tools and guidelines, that they are adapted and adopted to create ownership within the regions and countries. The scenarios are different when one looks at the data and analyse it thoroughly. The methodology is simple in the sense that one has to compare data in order to find out where there are differences, or to learn from similar experience. A lot can be done by exchanging experience through new media. Experience has shown that the team approach is crucial for success, care provided needs to be always a team approach, not only medical doctors but also midwives and nurses.
- The WHO CC on Human Reproduction, Research Centre of Obstetrics, Gynaecology and Perinatology always is streamlining activities to the WHO standards, both at national and international level. The Center is working with several countries in this Region. Russia, because of its size and diversity, needs to use different criteria The Center does video consultation and training of trainers with primary health facilities. Several programmes on and management of pregnant woman, prevention of complication's are carried out in several countries of the Region. Furthermore the institute offers support for improving the quality of paediatric care in countries both of this region and in Africa.

4) Quality of Maternal and Newborn Health in the Region

After outlining the MPS principles and fundamentals of the European Region, and then main features of the range of assessments tools in the area of MCH: a short overview of the experience gained from the assessment of the quality of APPC in TKM and KGZ was provided.

The main features of the tools for assessment of quality of maternal and child health care is that there are wide areas of overlap which makes it very flexible; and enables it to be used in different ways. Prerequisites for a successful assessment are proper planning before the field visits; implementation of other interventions like BTN (NMCR) before the assessment will help facilitate and easy the way for the assessment; last but not least, linking with academia and getting them onboard is very important so that they don't work against but with the team.

The success criteria are:

- 1) The collections of data and analysis of data to see if it makes sense, this has to be done prior to the visit, so that specific issues can be identified before the assessment,
- 2) It should be explained to the country and the facilities visited that this is not an inspection, they are quality improvement tools through visit of different facilities, departments rooms etc, examination of cases and clinical records, and interviews with health providers and mothers. These interviews need to be a part of the assessment. This is contributing to the health care providers' ownership, use of their experience and knowledge. Feedback is crucial from assessors to the health facilities and then to Ministries;
- 3) The tool helps to identify gaps and systemic problems;
- 4) The tool can be used as a sort of manual to introduce standardized guidelines;
- 5) The tool promotes peer to peer review which stresses the fact that it is a constructive help, versus bureaucratic monitoring for punishment purposes;
- 6) The tool improves communication between neonatologist, obstetricians and gynaecologists, midwives and family doctors and facilitates exchange of best practices;
- 7) The tool also contributes to building the capacity and enables leaders and managers in the facilities to improve.

One of the recurrent issues for the challenges and negative aspect in this region are not based on persons, but systemic, therefore the tools are very much aimed at addressing health systems (HS) issue. It is a good idea to integrate the HS in the overall framework. The team of assessors needs to be health professionals in the field assessed. Other challenges are:

- the criteria are not always clear; as well as
- the funding for the assessment especially the follow up,
- action plans to improve, implementation etc.

We would recommend 3 assessments with intervals needed to follow the progress the change of practices.

The challenges of quality of antenatal and postpartum care for women

The main challenge and issues faced during the assessment had turned out to be:

- the lack of evidence based guidelines accessible at the local level;
- a lack of coordination at medical level leading to overlap;

- long distance to the facilities;
- lack privacy and confidentiality of the care giving;
- lack of general precaution for infection control.

Therefore, it is recommended that investments are done in pre-service training; revision of the training curriculum, as well as enhancing the role of midwives. Furthermore, it would be good to improve the counselling skills of health care providers, and strengthening the information system and documentation as well as the use of data and statistics. If health providers don't know why they collect data, the data will be weak and sporadic and be of no use.

The assessment made it clear how important it is to involve viewers view. If a country is not keen on getting criticism, then there is need to get international experts to come and enable the interview in a manner where users can give a truthful view of the conditions and perception of the care. Many women have gotten used to the current treatment and do not complain, but new generations are emerging.

The challenges of the quality of care in newborn health

During and after delivery once woman have been discharged from the hospital, it is still necessary to treat mother and baby as a whole. Previously, focus was on the quality of Perinatology. But now focus is on the quality of outcome. The probability of newborn death has peaks: day 1; day 7; 2 weeks and 3 weeks. Unfortunately a way of making the early neonatal death decrease was to ensure early discharge, so that the babies don't die at the hospital. This has changed and great achievements have occurred, where continuum of care after discharge, the ensuring of exclusive breast feeding; proper immunization and referral in case of urgent conditions is assured. But there is space for improvement; better and more counselling, sometimes there are cases of over diagnosis and overtreatment. Simple basic practices, like washing hands, are not done. And data is very often not correct like 100% breast feeding reported, which is very far from reality. Attitude is also changing; e.g. toward data and acceptance of critical attitude and toward the assessment and the assessment teams, as there is an acceptance that is for the improved quality of care.

The conclusions from the pilot assessments in Kyrgyzstan and Turkmenistan show that the assessment tool is able to identify gaps in the care, and provides a framework to analyse these causes. Identifying the "why" there is no counselling, why wrong drugs etc. If these causes are not identified it is not possible to remove the "root" to these causes. A good manager is aware of what is happening in his facility, in this case this assessment is a very good road map on how to process. But if it is not done systematically and regularly the health care professionals revert to the "old" habits. Furthermore, national experts tend to give better picture than in reality. Therefore, the mix of national and international experts is providing the best results.

The latest tool "The tool for the quality of outpatient antenatal and postpartum care for women and babies" (APPC tool) Follow the principles used in other WHO tools: international standards, based on the PCPNC from the IMPAC as well as in the other updated tools available. The midwives, epidemiologists and psychologists were interviewers during the pilot assessments. The involvement of interviewers has great potential, but there is a need to think ahead as, the use of medical professionals involved in the APPC as interviewers is not always optimal, there seem to be some issues when professional psychologists were involved. It is important to include users view, so finding people with the capacity to carry out these interviews. It might be advisable to help facilities identify good interviewers, for instance anthropologist, teachers, etc. and provide a training workshop on how to do interviews.

Experts were invited to comment, and work in groups to agree on and come up with a final version before 2013.

5) Implementation of the project on “Reduction of maternal and neonatal morbidity and mortality in the Region”

A short description of the projects in the Region financially supported by the RF, one on paediatric hospital care with focus on Tajikistan and Kyrgyzstan and one on the reduction of maternal and neonatal morbidity and mortality through improving the quality of primary health care was outlined, with the two target countries Armenia and Kyrgyzstan.

Two main challenges were discussed:

- 1) The importance of indicators which could show how the projects have improved MCH in the selected countries. As the project period is relatively short it is important that the indicators are straightforward to measure success or failure.

Example of how the indicators used for assessment of the paediatric project could be used also in the MCH project.

For Kyrgyzstan the way used to evaluate the project was to evaluate the children, through a randomised cluster trial. This done through the assessment of the dissemination of evidence based guidelines, getting rid of the financial constraints and active supervision every 3 months through a whole year. 4 outcome indicators were chosen: unnecessary hospitalization, inconsistent management, unnecessary medication and unnecessary pain. This is something that could also be applied to mothers and neonates. The trial could include 200 mothers and 4 outcome indicator for example: Mother not treated appropriately; no companion during labour, unnecessary pain or medication. Then evaluate another 200 mother after 3-4 months. This could measure very clearly improved intervention.

The discussion following the presentation touched upon the new approach of having intermediate indicators which also measures the behaviour of practitioners, and how best to carry out the assessments; for instance by using PhD students or residents in collecting the baseline data. But it is a challenge when it comes to APPC. An interesting indicator could be breast feeding, as industry pressure is important for formulas and drugs.

- 2) The need to develop publications for peer review magazines.

Writing scientific paper is a must; although and is a time consuming and long process. In the 90's at the beginning of the MPS programme, there was no assessment tool that would give WHO the proper means to scientifically illustrate the progress in the European region.

It is crucial to establish collaboration with WHO CC that have experience in writing, find the right institutions, who are doing this for a “living” this would also limit the use of resources. It would be very important that KGZ and ARM identifies scientific colleagues who can document the work done in scientific papers in the area of ANC and PPC. Two WHO CCs are interested in working on this project. For KGZ the Uppsala WHO CC and for ARM the RUS WHO CC. Furthermore, Prague and Italy WHO CC might provide support in this area.

Pilot assessments in Kyrgyzstan and Turkmenistan

The outcome of the pilot assessments in Kyrgyzstan and Turkmenistan, lessons learned and recommendations were presented. The participants discussed the scoring issues of the tool with or

without decimals, and the benefits of having them to show the proper progress. The main conclusions being:

- 1) The importance of good interviewers is essential for the interpretations of questions.
- 2) Infection control is still a problem in many health facilities.
- 3) The qualification and interferences in the selection of the national teams of assessors.
- 4) At least 2 interviewers and 2 midwives working at the primary health care level.
- 5) The power of observation is essential, the national assessors need to be aware of this, and also make an assessment of themselves.
- 6) Ensure that interviewers be a person that is close to the woman, to gain the confidence.

The last session was dedicated to the clarifications between implementation research (IR) and Operations research. In WHO the alliance for Health Policy and System research, which brings together several departments including Reproductive Health and Research department, is in charge of monitoring implementation research. Operations research is within the health system to understand and deliver services. The scope of IR is wider with a longer time span and policy makers are to be included as the main outcome is change or new policies.

Conclusion and Recommendations

The workshop participants agreed that there is a need for the huge work to improve antenatal and postpartum care with the aim to decrease maternal and infant mortality. The support of the Russian Federation for these activities in countries of Eastern Europe and Central Asia is very necessary and timely.

Recommendations:

- Experts presented at the workshop would provide final feedback for the finalization of the APPC assessment tool before December 1, 2012.
- Establish a platform for exchange of information, and promote the work of the APPC project to other organizations and institutions.
- Plan and organize a Skype-brainstorming session on indicators, using G.Tamburlini's presentation on indicators (day 3) as inspiration.
- To present the progress in implementation of the project "Strengthening Maternal and Neonatal Health Programme of the WHO Regional Office for Europe Activities in the Countries of Eastern Europe: Reduction of maternal and neonatal morbidity and mortality in countries of Eastern Europe by improving primary health care and referral system" on the WHO/Europe web page.
- To consider organization of the WHO satellite symposium during the XI Global Congress of Perinatal Health in Moscow, 19-22 June 2013 where the project on maternal and newborn health is presented.

- In response to the request of the Ministry of Health of Kyrgyzstan, to finalize the documentation for antenatal and postnatal care for women and newborn babies in Kyrgyzstan in 2012 with involvement of international expert (December 2012)
- To involve national experts which have participated in the training workshops on operations research in reproductive health organized by the WHO/Europe in the implementation of the activities and monitoring of the results.
- To develop a special issue of *Entre Nous* covering the outcomes of the project “Strengthening Maternal and Neonatal Health Programme of the WHO Regional Office for Europe Activities in the Countries of Eastern Europe: Reduction of maternal and neonatal morbidity and mortality in countries of Eastern Europe by improving primary health care and referral system”
- To encourage ministries of health to invest in pre-service training; revision of the training curriculum, as well as enhancing the role of midwives
- To strengthen the information system and documentation of the assessments and ensure that national team members read the PCPNC before being included in the assessment.

ANNEX 1
PROGRAMME

DAY ONE – 31 OCTOBER, 2012		
08.30-9.00	Registration	
9.00- 10.30	Maternal and Newborn Health in Countries of Eastern Europe and Central Asia	
	Chairs: E.Baibarina, L.Migliorini	
	Opening of the workshop 20 minutes	
	Introduction of the participants	
	Overview of maternal and newborn health in the countries of eastern Europe and central Asia Objectives of the meeting	Gunta Lazdane
	Overview of the WHO assistance in improving maternal and newborn health the WHO/Europe	Alberta Bacci
	Discussion	
10.30-11.00	Coffee Break	
11.00-13.00	Who Tools in Improving The Quality of Maternal and Newborn Care	
	Chair: A.Maciulevicius, E.Yarotskaya	
	WHO policies and tools in the area of maternal and perinatal health and strengthening health system including primary health care	Alfredo Fort Maurice Bucagu
	Discussion	
	WHO tools in the area of maternal and perinatal health developed by the WHO/Europe	Alberta Bacci
	Discussion	
13.00-13.30	Coffee break	
13.30- 15.00	Activities in Improving The Quality of Maternal and Newborn Care in Countries of Eastern Europe and Central Asia	
	Chair: A.Bacci, G.Siupsinskas	
	WHO technical support to countries in improvement of the quality of maternal and newborn health care	Alfredo Fort Maurice Bucagu
	WHO technical support in improvement of the quality of maternal and newborn health care in countries of eastern Europe and central Asia in 2012-2013	Gunta Lazdane
	Discussion	
	The role of the WHO Collaborating Centers in assisting countries in improving maternal and newborn health in countries of eastern Europe and central Asia	Giorgio Tamburlini Petr Velebil Ekaterina Yarotskaya
	Overview of assistance of the UN agencies and other international partners in improving health care for pregnant women, mothers and their babies in Kyrgyzstan and Armenia	Henrik Khachatryan Kubanychbek Monolbaev
	Discussion	
15.00-16.00	Late lunch	

16.30-17.30	National guidelines and standards for antenatal and postpartum care for women and newborns – examples from countries of Eastern Europe and Central Asia – plenary discussion	All participants – discussion facilitated by <i>G.Lazdane</i>
DAY TWO - 1 NOVEMBER, 2012		
	Quality of Maternal and Newborn Health Care Chairs: A.Fort, P.Velebil	
09.00 -10.30	Challenges of the quality of antenatal and postpartum health care for women in Eastern and Central Europe	Dalia Jeckaite
	Challenges in the quality of newborn health care at primary health care in Eastern and Central Europe	Audrius Maciulevicius
	Panel discussion facilitated by the chairs	
10.30 – 11.00	Coffee Break	
11.00-13.00	Chairs: S.Hodorogea, D.Jeckaite Development and implementation of the tool for assessing the performance of the health system in improving maternal, newborn, child and adolescent health	Alberta Bacci
	Tools for assessment of quality of maternal and child health care – best practises and challenges	Giorgio Tamburlini
	Implementation of the assessment tool for the quality of hospital care for mothers and newborn babies	Gelmius Siupsinskas
	Lessons learnt during implementation of the tools presented Plenary discussion	
13:00 -13:30	Coffee break	
13.30-15.00	Chairs: M.Bucagu, O.Shvabskiy Tool for assessment of the quality of antenatal and postpartum care (APPC) for women and newborn babies	Stelian Hodorogea
	Revision of the tool and introduction to the working groups	Gunta Lazdane
	Group work on the tool of assessment of the APPC for women and newborn babies (3 groups: obstetricians/family doctors, midwives, neonatologists) Facilitators: Stelian Hodorogea, Dalia Jeckaite, Audrius Maciulevicius	
15:00 – 16.00	Late lunch	
16:00 – 17:30	Chairs: M.Bucagu, O.Shvabskiy Guides for interviews and their implementation	Gunta Lazdane
	Plenary discussion on the experience of implementation of APPC tool in Kyrgyzstan and Turkmenistan and finalization of the tool	
DAY THREE- 2 NOVEMBER, 2012		
	Implementation of the project “Reduction of maternal and neonatal morbidity and mortality in countries of Eastern Europe by improving primary health care and referral systems” Chair: G.Tamburlini, G.Lazdane	

09.00-10:30	Development of the project, target countries and activities planned	Gunta Lazdane
	Discussion	
	Programs to improve the quality of paediatric hospital care in Central Asia: lessons learnt and prospects	Giorgio Tamburlini
	Plenary discussion on the monitoring of the project, possible process and outcome indicators	
10.30- 11.00	Coffee break	
11.00- 13.00	Chair: H.Khachatryan, K.Monolbaev	Alberta Bacci
	Experience in preparation of the scientific publications	
	Discussion	
	Implementation research and involvement of the WHO Collaborating Centres	Gunta Lazdane, Ekaterina Yarotskaya
	Communication strategy in promotion of the project and its outcomes – Plenary discussion	
13.00 – 13.30	Coffee break	
13.30-15.00	Chair: G.Lazdane	Alberta Bacci
	Outcomes of the assessment of the APPC for mothers and newborn babies in Kyrgyzstan	
	Progress in implementation of the recommendations of the assessment of the APPC for mothers and newborn babies and plans for implementation of the MNH project in Kyrgyzstan in 2012- 2013	Kubanychbek Monolbaev
	Discussion	
	Quality of maternal and newborn health care in Armenia and plans for implementation of the project in Armenia in 2012- 2013	Henrik Khachatryan
	Discussion	
15.00-16.00	Late lunch	
16:00-16.45	Plenary discussion on the future steps in improvement APPC for women and newborn babies in the WHO European Region and implementation of the MNH project	Facilitated by Gunta Lazdane
16:45-17:00	Closing of the meeting	

ANNEX 2

LIST OF PARTICIPANTS

Natalia Aleksandrova
Senior research fellow, Department of International Cooperation, Research Center for Obstetrics & Gynaecology, Moscow

Alberta Bacci
Obstetrician Gynaecologist, Consultant, Trieste,

Ion Bologan
Obstetrics and Gynaecology Department, Chisinau

Tatiana Bukina
Head of Department, Clinical and Diagnostic Center for Maternal and Child health, Yekaterinburg

Elena Dolgikh
Senior neonatologist Ministry of Health of the Sverdlovsk region, State regional children's hospital, Yekaterinburg

Stelian Hodorogea
Associate Professor, State Medical University of Moldova, Chisinau

Dalia Jeckaite
Midwife, Obstetric Department, Panevezys, Lithuania

Aigul Kalieva
Neonatologist of the Resuscitation and Intensive care Unit, Bishkek Perinatal Centre, Lead neonatologist of the MOH. Bishkek

Liga Kozlovska,
President of the Rural, Family Doctors' Association of Latvia

Antra Kupriša
Senior midwife, Maternity and gynaecology unit of Vidzeme hospital, Valmiera, Latvia,

Audrius Maciulevicius
Neonatologist, Department of Neonatology, Kaunas Medical University Hospital, Lithuania

Ewa Mierzejewska
MD Assistant, Department of Epidemiology, Mother and Child Institute, Warsaw, Poland

Lyubov Pozdnyakova
Midwife at Donetsk City Hospital nr 3, Ukraine

Tatiana Protzenko
Midwife, Chief Nurse of Regional Perinatal Center, State regional children's hospital Yekaterinburg

Irina Ryabinkina

Junior research fellow, Department of medical and social research, Research Center for Obstetrics, Gynaecology and Perinatology, Moscow,

Oleg R. Shvabskii

Obstetrician, Moscow

Gelmius Siupsinskas

Senior Specialist in Obstetrics, Switzerland

Irina Stepanova

Chief Midwife, Perm City Maternity 21, Russian Federation

Katarzyna Szamotulska

Head of Epidemiology, Department at Mother and Child Institute in Warsaw

Giorgio Tamburlini

MD PhD, Centro per la Salute del Bambin, Trieste

Petr Velebil,

MD, PhD. Chief, Perinatal Centre of the Institute for the Care of Mother and Child, Prague, Czech Republic

Ekaterina Yarotskaya

Head, Dept. International Cooperation, Research Center for Obs., Gyn. & Perinatology Moscow.

Viktor Zubkov

Research fellow, Department of neonatal pathology, Research Center for Obstetrics; Gynaecology and Perinatology, Moscow

WHO Regional Office for Europe

Gunta Lazdane

Programme Manager; Sexual and Reproductive Health; Population's Health and Life Cycle Division of Non-Communicable Diseases and Health Promotion

Henrik Khachatryan

National Professional Officer; WHO Country Office, Armenia

Luigi Migliorini

Head of Country Office WHO Country Office, Russian Federation

Kubanychbek Monolbaev

National Professional Officer, WHO Country Office, Kyrgyzstan

Ida Strömgren

Programme Assistant, Population's Health and Life Cycle, Division of Non-Communicable Diseases and Health Promotion

WHO Headquarters

Maurice Bucagu

Medical Officer; Maternal Health services, Policy, Planning and Programmes Team. Department of Maternal, Newborn, Child and Adolescent Health.

Alfredo Fort

Scientist ; Research capacity, policy and programme strengthening Reproductive Health and Research

Interpreters

Georgy Pignasty

Vladimir Ilyukhin