



INTERACADEMYMEDICALPANEL

## WORKSHOP

### Reducing maternal and perinatal mortality in low-income countries

14 – 15 December 2007-12-18 IAMP Secretariat, Trieste, Italy

**Participants:** **Eduardo Aranda Torrelío** (Bolivian Academy of Medicine) **Munavvara F. Dodkhoeva** (Academy of Science, Tajikistan) **Folayan Esan** (Nigerian Academy of Sciences) **Benson B. A. Estambale** (Kenya National Academy of Sciences) **Vineta Fellman** (Lund University) **Muthoni Kareithi** (IAMP) **Betty Kirkwood** (Academy of Medical Sciences, UK) **Robert J. Leke** (Cameroon Academy of Sciences) **Gunilla Lindmark** (WHO Collaborating Centre in Human Reproduction) **Jan Lindsten** (Royal Swedish Academy of Sciences) **Charles Matiko** (Axios International) **Peter McGrath** (TWAS) **Florence Mirembe** (Uganda National Academy of Sciences) **Paul Nampala** (Uganda National Academy of Sciences) **Mobolaji Odubanjo** (Nigerian Academy of Science) **James Oyieke** (University of Nairobi College of Health Sciences) **Dominique Richard-Lenoble** (Académie Nationale de Médecine) **Daniel Schaffer** (TWAS) **Maria Asuncion Silvestre** (University of the Philippines) **Eduard Tushe** (Albanian Academy of Sciences) **David Urassa** (Muhimbili University College of Health Sciences)

#### Absent with Apologies:

**Levon Mkrtchyan** (Armenian Academy of Medical Sciences) **Tim Dye** (Axios International) **Jim Kahn** (University of California San Francisco) **Priscilla Reddy** (South Africa)

#### Friday 14 December

The meeting opened with **D. Schaffer** giving a welcome address on behalf of TWAS. This involved a description of the host academy, TWAS, and the organizations that share hospitality at the ICTP. He emphasised the need for those present to focus on sources of funding for the projects that have been chosen.

**Jan Lindsten** gave a brief description of the project beginning with the document approved in Beijing at the Global Forum, the Working Group meeting of experts that became the Steering Committee and wrote the final proposal in September 2006, the call for participants amongst IAMP and IAP member academies and the process of short-listing the 8 academies participating at this workshop.

As an introduction to the proceedings, **David Urassa** gave a presentation of the Needs Assessment Study carried out in Dar es Salaam followed by **Charles Matiko** who offered a run-down of the on-going preparation work for of an intervention plan based thereon. **Betty Kirkwood** then described an ongoing intervention study in Ghana.

In the afternoon the participants formed 4 groups with the aim of discussing the work carried out to date by working groups in the shortlisted countries and during which the planning of the needs assessment studies was discussed in some greater detail.

#### ALBANIA

*E. Tushe, C. Matiko, V. Fellman,*

**BOLIVIA & PHILIPPINES** *E. Aranda-Torrelío, M. A. Silvestre, J. Oyieke, B. Kirkwood*

**CAMEROON & NIGERIA** *R. Leke, G. F. J. Esan, M. O. Odubanjo, D. Urassa, D. Richard-Lenoble*

#### KENYA & UGANDA

*B. Estambale, F. Mirembe, P. Nampala, G. Lindmark*

## **Saturday 15 December**

On Saturday morning the group work was presented and discussed further during the plenary session.

A brief summary prepared by the rapporteur **P. McGrath** is attached in annex.

**Jan Lindsten** closed the meeting thanking all the participants for their efforts. He exhorted the representatives of the national working groups to take with them the advice and support received from the members of the Steering Committee and from the other groups.

Appreciation was expressed towards TWAS for hosting the workshop and for the work involved in organizing the meeting and travel for participants

The **Steering Committee** held a brief meeting on Saturday afternoon after the closure of the plenary session.

**Participants.** Eduardo Aranda Torrelío, Vineta Fellman, Muthoni Kareithi, Betty Kirkwood, Jan Lindsten, Gunilla Lindmark, Charles Matiko, Peter McGrath, James Oyieke, Maria Asuncion Silvestre, David Urassa

**Conclusion:** During the concluding session of the workshop the following was agreed upon:

- A plan for a needs assessment study should be prepared for each of the countries participating in the project.
- The plan should be submitted to the IAMP secretariat not later than the end of February 2008. A contact person for each academy was appointed.
- The time for the needs assessment studies, including the preparation of a report, should not exceed 12 months.
- The plans submitted should be reviewed by all the members of the Steering Committee and edited by the TWAS programmes officer at the IAMP secretariat.
- IAMP should explore the possibility of identifying one or more funders of the needs assessment studies as soon as possible.
- Members of the Steering Committee were asked to gather information on potential funding institutions (WHO, Doris Duke, Wellcome Trust, Saving New Born Lives (Gates Foundation) European Union, Fogarty International) with a view to obtaining an idea of their deadlines, the areas that they prefer to support and exactly which institutions can apply to them.
- Once the reports of the needs assessment studies are available the Steering Committee should plan for another workshop aiming at planning intervention programmes and their implementation in the selected regions in the different countries included in the project.

*19 December 2007*

(Annex)

**IAMP Workshop  
Reducing Maternal and Perinatal Mortality**

Rapporteur's Report

P. McGrath

TWAS acting programme officer: [mcgrath@twas.org](mailto:mcgrath@twas.org)

**Albania – Eduard Tushe**

*IAMP role: Technical assistance; Preparation of strategic documents; Search for donors/funding.*

*Objectives: Raise quality of care; Review laws and policies; Implement best practices to international standards.*

*Outputs: Collection of data; Sub-regional profile (disparities are known to exist).*

*Real need – reliable data. Believe that current reported levels of mortality are not accurate. Also believe implementation and conditions for improvement are hindered by lack of quality data – that can lead to political and public pressure.*

*Focus on three regions with different economic and cultural profiles.*

*Aim to work with Ministry of Health – will present proposal to MoH for approval.*

*Capacity building is an important part of the project – training workshops, ongoing training, etc. – mainly for data collection, comparison.*

*Phase one will finish with analysis of data and publication. Phase two – work on key issues raised in Phase one.*

*Question: Can two phases be combined? Depends on collection of a complete and detailed dataset. Albania may need assistance in preparing a questionnaire – what questions need to be asked / which data need to be collected.*

*May need to list questions (in project proposal) and identify the ways to answer them.*

**Bolivia – Aranda Torrelio**

*Ministry of Health aims to provide free healthcare, but has minimal funds. Many organizations (non-profit, faith-based etc) are responsible for healthcare.*

*In Bolivia, infectious diseases are a complicating factor.*

*Methodology: Blood, urine and stool cultures; Questionnaire; Verification of regional and national data. Until now, no autopsies have been performed on stillborns – aim to include in studies.*

*Studies planned for 2008 and then interventions in 2009.*

*Query – should such diseases be the focus of a national plan?*

*Aim is to discuss this issue back in Bolivia and feed back to the IAMP group.*

*Perhaps there is a need to focus more widely and not on 'perinatal microbiology'. Also, if infections are important – how to transfer into healthcare practices?*

*Starting point should perhaps be wider – e.g. access of women to health services.*

**Philippines – Asuncion Silvestre**

*Maternal mortality declined from 209/100,000 in 1994 to 162. Aiming for 52 under MDGs, but believe 100 is a more practical target.*

*Policy aim, to reduce maternal and neonatal deaths faster from 2007-2015 than over past 10-15 years.*

*Newborn deaths are largely preventable (e.g. asphyxia, 31%; prematurity, 30%).*

*Mimaropa proposed study site – an island – 83% of births are home births.*

*Divide country into Maternal and Newborn Service Areas, (MNSA). Each should serve a contiguous area of about 500,000 with one comprehensive service centres and four basic centres reinforced by a community-based network.*

*Some MNSAs will be non-standard (difficult terrain, islands etc).*

*Ministry of Health is currently mapping the nation and will then assess MNSAs and analyse how they are functioning. Then will identify priority areas.*

*Recommendation to compare the selected island and urban study sites with others (as a statistical control group).*

*Needs assessment – need to know why mothers utilise or not the services available to them.*

*Assessment at facility level (WHO format); health systems functionality; household and community level (through surveys); social networks.*

*Lack of discussion by participants showed this was a clear, well-thought-out programme.*

**Cameroon and Nigeria – Richard-Lenoble and Odunabjo**

*Discussed which components are needed – and decided to focus on the health services.*

*Contact people: Leke, Cameroon; Esan, Nigeria.*

**Cameroon**

*Selected and urban (Yaounde) and rural area for pilot study. Yaounde has poor mortality statistics (that are actually worsening – mortality has doubled over past 20 years).*

*Timeline – similar to Tanzania study – 18 months.*

*Team – based in Yaounde, could include French Academy.*

*Political support should be accessible.*

## **Nigeria**

Challenges posed by large area of country, six geopolitical zones and 140 million population. Will select three regions/cities (worst, best and intermediate mortality profiles) – each about 2 million people.

Study will take into account primary, secondary and tertiary health institutions, as well as many non-formal (mostly primary care) institutions.

New national policy – about to be implemented – will provide free healthcare for all pregnant women and children under 5. Currently, other alternatives are cheaper than national health service.

Aiming for one work team of three people for each of the three sites, coordinated by group in SE.

Could be political support – perhaps even financial. Current minister of health has attended academy activities on child health (her speciality).

Discussion: State of cities is widely variable. 30-35% of pregnant women go to faith-based institutions for delivery.

Will use Tanzania case as a model – but not as a template. Study will look at surveying households, too. Need to look at access/lack of access.

## **Uganda – Paul Nampala**

Objectives: Aim to evaluate healthcare system; Assess quality and coverage of interventions to reduce mortality; Investigate underlying diseases e.g. malaria, HIV/AIDS.

Kenyan and Ugandan academics will convene a joint team of experts responsible for overseeing a team in each country.

Uganda, will select one urban district, Kampala, and a rural area, avoiding areas where data is available.

Kenya – will select two sites also, including Western Province (worst mortality figures).

Assessment: Desk reviews, surveys, questionnaires.

For each objective, have laid out bullet points of what they want to do and how to achieve it: e.g. review of patient records, exit checks, resuscitation facilities, level of HIV infection etc.

Facility audit will take into account administration.

Will base much of proposal on WHO questionnaires.

## **General points to consider**

First step is to produce a “Needs Assessment Study” for each country. – identify the gaps, e.g. lack of data, lack of equipment, lack of trained personnel etc.

Government / Ministry of Health must be on board and approve workplan.

‘Quality of care’ evaluation should be a critical part of each study, otherwise will only be replicating poor systems.

But in most countries, it is not the only issue: e.g. needs assessments should investigate access to and utilisation of health services. There is still a large proportion of women who do not attend a health centre, even if available – need to know why not. Awareness-raising is an issue.

Some country plans (e.g. Tanzania, Philippines) are more advanced than others. Could be used as models (as Cameroon/Nigeria envisage).

Issue of urban versus rural / urban versus peri-urban etc.

Don’t forget to look at management, including administration: e.g. medical audits are administrative and should be relatively simple to implement.

Urassa – Safe Motherhood Needs Assessment. Available as pdf from WHO website.

Agree to load docs on IAMP website and give a password to all participants.

## **Lindsten summary**

Would like to have plans by end of Feb 2008. Will then be edited for uniformity.

Aim is to submit a joint proposal to funding agencies. Co-chairs are keen to take proposal forward.