Two decades ago, the World Health Organization (WHO) and its partners launched the Safe Motherhood Initiative to help reduce the severe burden of pregnancy-related illness and death that affect so many women around the world. At Women Deliver, a conference that took place in London in October 2007 in celebration of the 20th anniversary of the Safe Motherhood Initiative, the same partners as well as new counterparts including national and local NGOs, government representatives and experts came together. They all assessed the progress made regarding the strengthening of health systems and the empowerment of women worldwide and shared new scientific knowledge. Their main goal, however, was to reinforce political leaders’ will to implement the interventions available and to make maternal and newborn health (MNH) a priority issue on national agendas.

In the past 20 years, the research undertaken in the framework of the Safe Motherhood Initiative has led to impressive gains in knowledge about the main causes of maternal and newborn deaths, but also about the most effective interventions to prevent the deaths of mothers and babies. And in some countries, there has been significant progress on the ground. In Sri Lanka, for example, maternal mortality ratio was reduced from 92 per 100,000 live births in 2000 to 58 per 100,000 live births in 2005. Botswana, Honduras, and South Africa, to name a few, have also been able to improve the health of mothers.

“We need to take action on the ground, at the country level where the women will benefit from our work. Too many women still die during childbirth or soon after and actually we know the solutions, we know what to do. It is just a matter of getting it done.”

Dr Margaret Chan, WHO Director-General

However, in 2007, at the midpoint in the countdown to 2015, we are still far from achieving the health related Millennium Development Goals (MDGs) set in 2000.

Continued on page 8
Syphilis remains a global problem with an estimated 12 million people infected each year, despite the existence of effective prevention measures, such as condoms, and effective and relatively inexpensive treatment options. Two million pregnant women get infected annually and resulting in annual estimated number of new cases of congenital syphilis to between 700,000 and 1,500,000 globally.

Unlike many neonatal infections, congenital syphilis is a preventable disease, which could be eliminated through effective antenatal screening and treatment of infected pregnant women.

Together with partners, WHO has been developing *The Global Elimination of Congenital Syphilis: Rationale and Strategy for Action* since 2004. At the global technical consultation in Geneva in July 2007 it was reinforced that the elimination of congenital syphilis is a key integral component of the mother, infant and child health package.

During the Women Deliver Conference in October 2007, the new initiative was launched by the Ministers of Health from Mongolia and Nigeria and the Directors of the WHO Departments of Making Pregnancy Safer (MPS) and Reproductive Health and Research (RHR). Simultaneously, a Statement of Commitment, signed by several organizations and institutions, including UNICEF and UNFPA, was presented.

In a joint statement of commitment WHO, UNFPA and other organizations called for universal access to syphilis screening and adequate treatment for syphilis of all pregnant women and their partners.

The Women Deliver Conference provided the occasion for urging governments, the international community, academic institutions and civic society to partner for the Global Elimination of Congenital Syphilis. Local planning and implementation should be intensified through regional platforms set up in the course of regional consultations.

Elimination of congenital syphilis is a sound investment towards the achievement of the Millennium Development Goals in general and of MDGs 4, 5 and 6 aiming at improving maternal, infant and child health in particular.

National road maps help Governments to reduce maternal and newborn mortality rates

Each year, in Africa 30 million women become pregnant. Out of these, 250 000 die of pregnancy-related causes, most of them in sub-Saharan Africa. This is half of the estimated total of 536 000 maternal deaths worldwide. With one woman in 26 the adult lifetime risk of maternal death (the probability that a 15-year-old female will die eventually from a maternal cause) is highest in Africa compared to one in 7 300 in the developed regions. Africa is also leading the sad statistics of newborn mortality. Approximately one million babies in the Region are stillborn and at least another million newborns die in their first month of life each year.

In response to this situation, many countries in the African Region follow the strategic approaches described in the Road Map for accelerating the achievement of the health-related Millennium Development Goals (MDGs). According to this Road Map adopted by the Ministers of Health in the Region in 2004, the main steps to improve maternal and newborn health include (1) providing skilled attendance during pregnancy, childbirth, and the postnatal period, at all levels of the health care delivery system, and (2) strengthening the capacity of individuals, families and communities. Therefore, the Regional Office for Africa (AFRO) has been supporting countries to increase the availability of skilled attendants, improve community participation, strengthen capacity in planning, management, monitoring and evaluating MPS programmes, and scaling up Prevention of Mother-to-Child Transmission of HIV (PMTCT).

Together with many partners including international organizations, NGOs, academics and professional organizations, WHO assisted 37 countries in the Region to develop national road maps that provide action plans for the reduction of maternal and newborn mortality tailored to the situation and the needs of each country.

In this context twenty countries received training on the MPS costing and resource planning tool, emergency obstetric care, essential newborn health care, and the institutionalization of maternal death reviews. Also 54 national experts educated to translate national road maps into district operational plans. In order to support countries’ implementation of the road maps, WHO staff (regional, inter-country and country levels) were trained how to use MPS tools and guidelines.

AFRO also increased efforts to strengthen pre-service midwifery education in order to ensure long-term availability of skilled personnel. Ghana, Ethiopia, United Republic of Tanzania and Malawi were supported in training midwifery educators, strengthening training institutions, and strengthening clinical services for women and newborns. More than 20 countries reported implementation of activities aimed at improving access to skilled attendance, development/review of norms, standards and protocols, strengthening the use of protocols, purchase of equipment and Emergency Obstetric Care kits. Most of these interventions at country and regional level were conducted in collaboration with UNFPA, UNICEF and other partners.

Next steps include an intensification of the process to translate national road maps into district operational plans in the context of health system development and a revitalization of primary health care. MPS will support countries to increase the number of skilled birth attendants, to strengthen district planning and management of maternal and newborn health (MNH) programmes and service delivery, to strengthen advocacy and partnerships for MNH, to improve community participation in MNH, accelerate scaling up of PMTCT and implement strategies for the reduction of neonatal morbidity and mortality.

As a result of increased awareness of the high maternal and newborn mortality, AFRO observed a slight increase of funding for MNH interventions which facilitated implementation of programmes at all levels. However, there is still need for additional resources and their adequate allocation to scale up key MNH interventions.

WHO Regional Office for the Americas

Achieving improved maternal and newborn health in the Americas through strengthening midwifery and nursing

The countries of the Americas have made some progress in achieving the Millennium Development Goals (MDGs). However, at current pace it will be difficult to achieve MDG 5, that is the reduction of maternal mortality by three quarters until 2015. It is estimated that 22 000 mothers in the Region die every year with more than 80% of the deaths related directly to pregnancy and childbirth. Furthermore, there continue to be great inequities between and within countries. The maternal mortality ratio in Trinidad and Tobago is 5.6 per 100 000 births while in Haiti it is more than 500. 14 countries still have more than 100 deaths per 100 000 live births. National maternal mortality ratios also conceal serious gaps within a country. Good prenatal care coverage at national levels are reported in most countries but significant urban-rural differences remain and the quality of care often needs to be improved.
Although some deaths occur in the community where women not always have access to essential obstetric care, many deaths take place in health facilities due to the poor quality of care. This explains why even countries with high rates of institutional births have not been able to reduce mortality during the past decade.

The proportion of births attended by skilled health professionals is another indicator to measure progress on MDG 5 with global targets of 80% coverage by 2005, 85% by 2010 and 90% by 2015. In Latin America, 84% of all births are attended by a skilled health professional. However, the issues of unequal access to skilled care and the ineffectiveness of the care provided still need to be addressed.

The countries with the highest maternal and newborn mortality ratios received increased support to strengthen health care delivery systems and maternal health programs. Skilled attendance has been in the focus of the work of the WHO Department of Making Pregnancy Safer, the Regional Strategy for the Reduction of Maternal Mortality and the USAID funded Initiative/Package for the Reduction of Maternal and Newborn Mortality in the Americas.

Strengthening midwifery and nursing is the strategy many countries have adopted to increase skilled attendance at birth, as well as throughout the childbearing experience. This strategy seems to be promising for three reasons:

- Often, qualified and competent health care providers are not available in rural areas and in some urban settings.
- Countries with low mortality rates (Chile, Costa Rica and English Caribbean) often included midwifery or nurse-midwifery services as a key element of their model of care.
- The “midwifery model of care” is best for the majority of pregnancies and deliveries which are normal. Unnecessary and costly medical interventions can thus be avoided.

Already in 1997, the Collaborative Partnership for Achieving Improved Maternal and Newborn Health in the Americas through Nursing and Midwifery (Collaborative Partnership) was created by AMRO/PAHO, WHO Collaborating Centres, governments and professional organizations to improve the health status of women and families in Latin America and the Caribbean by strengthening nursing and midwifery.

The Action Plan of the Collaborative Partnership has five areas of technical cooperation:

- Policy and Professional Practice;
- Education and Training;
- Organization of Services;
- Monitoring and Evaluation; and
- Support to Key Countries.

Building an organization such as the Collaborative Partnership was possible because of the commitment and dedication of the participating organizations together with the coordination role of AMRO/PAHO.

Join one of the communities of practice by contacting the Nursing and Midwifery Community for Making Pregnancy Safer at http://ibpinitiative.org/GANM/NMakingpregnancysafer.

WHO Regional Office for the Eastern Mediterranean

Regional Committee for the Eastern Mediterranean passed resolution to reduce neonatal mortality in the region

It is estimated that almost half (around 40%) of the under-5 mortality in the Eastern Mediterranean Region occurs in the neonatal period. Neonates have unique needs that are currently falling through the cracks between maternal and child health care services and that need to be addressed urgently. Without substantial advances in promoting neonatal health and without greater efforts to expand coverage with available cost-effective interventions it will be difficult to achieve Millennium Development Goal 4, that is the reduction of child mortality, in several countries in the Region. In order to improve the situation, the 22 Member States of the Regional Committee for the Eastern Mediterranean passed a new resolution at its 54th session that took place in Cairo in October 2007. Under the title Neonatal mortality in the Eastern Mediterranean Region: determinants and strategies for achieving Millennium Development Goal no. 4, resolution EM/RC53/R.2 urges Member States to:

- Strengthen and maintain neonatal health as an integral component of national child and maternal health policies and programmes;
- Ensure universal coverage of the existing cost-effective interventions at both health system and community levels under Integrated Management of Child Health (IMCI) and Integrated Management of Pregnancy and Childbirth (IMPAC), and within the overall context of integrated management of maternal and child health;
- Allocate resources necessary for reaching universal coverage;
- Improve the quality of health care for mothers during pregnancy and for mothers and newborns at childbirth, including by ensuring availability of skilled health personnel;
- Support and implement community-based interventions, especially in countries with weak health systems and inadequate human resources; and
- Improve the quality of vital registration and other relevant information and auditing systems in order to provide reliable data on maternal, neonatal and child health indicators and to monitor progress.

The resolution requests the Regional Director to:

- Continue to provide technical support for the development of child and maternal health policies including the newborn health component;
- Continue to support national capacity-building for the implementation of cost-effective interventions;
The Regional Office for South-East Asia (SEARO) hosted the Regional Workshop on Strengthening Capacity for Facility-based Maternal Death Reviews (MDR) that was held from 10-12 September 2007 in Bangkok. The overall objective of the workshop was to increase the capacity for analysis and use of information obtained from facility-based maternal and perinatal death reviews.

The meeting focused on:

- reviewing and sharing experiences from countries on methods of data analysis and use of information gathered through facility-based MDR;
- strengthening the qualitative analysis of the information obtained;
- developing follow-up action plans based on country needs.

The workshop was attended by participants from ten countries, UNICEF representatives, technical experts and WHO staff from HQ, SEARO and country offices.

The WHO Regional Office for Europe (EURO) is working in 12 of its 53 Member States in the European region towards an improvement of maternal and newborn health. EURO focuses particularly on the seven countries in Central Asia and Eastern Europe, which are among the poorest in the world.

In Republic of Moldova, for example, EURO together with UNFPA, UNICEF, and the WHO Departments of Making Pregnancy Safer (MPS) and Children and Adolescent Health (CAH), provided support to the Government to ensure a comprehensive approach to maternal, newborn and child health (MNCH). This means in particular that individuals, families and communities (the IFC component) play a prominent role in the relevant strategies and actions aimed at strengthening access and use of quality services and are enabled to contribute to the improvement of maternal and newborn health. In order to increase community involvement in health, special focus is being put on district health systems and involving district authorities in the implementation of MNCH-programmes.

In September 2007, a training session was organized in Stefan Voda to prepare a participatory community assessment (PCA) to be carried out by the district IFC committee. The training session was held by a team consisting of experts from WHO/MPS, EURO/CAH and two external consultants. The training focused on facilitation and report writing skills and on the organizational requirements for the assessment. Representatives of the Stefan Voda IFC committee as well as representatives from the Ialoveni and Calaresi districts and the national IFC coordinator participated.

As part of the PCA, roundtable discussions were held with different actors in the community such as women, grandmothers, fathers, health providers and community leaders. Key issues that need to be addressed in order to strengthen MNCH were identified.

The team from the Republic of Moldova prepared a summary report, which was used as input for an institutional PCA round table. Representatives of government authorities, non-governmental organizations and community groups discussed the suggestions of the different actors and started to draw up a plan of action. Currently, the local and national teams are reviewing and finalizing this plan of action that will be implemented in 2008. Before implementing the PCA methodology in other districts lessons learned will be compiled from the Stefan Voda experience and materials will be finalized.

WHO Regional Office for South-East Asia

Regional Workshop on Strengthening Capacity for Facility-based Maternal Death Reviews

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The workshop re-visited regional initiatives, including the promotion of the WHO guideline Beyond the Numbers: Reviewing maternal deaths and complications to make pregnancy safer, which is being introduced in the region since 2003, and the facility-based MDR projects supported in Bangladesh, India, Myanmar and Nepal. The workshop helped to improve the capacity for the analysis of information on maternal deaths. In addition it served as a platform to discuss country experiences with facility-based MDR and identify success stories and common pitfalls. Key recommendations for actions at the country level as well as recommendations for future WHO technical assistance at the regional and HQ level were adopted.
Expert Group Meeting for Expansion of Training on Newborn Care

The WHO Essential Newborn Care Course, which was developed by the MPS Department based on Pregnancy, Childbirth, Postpartum and Newborn Care: A Guide for Essential Practice, has been introduced to all eleven countries of the region in 2006. Since then countries have been following up at national level in order to train all skilled birth attendants at primary care level on essential newborn care. The Expert Group Meeting was organized in Bangkok from 13-14 September 2007 to support member countries in their efforts to improve newborn health.

The objectives of the meeting included:

- sharing country experiences in promoting newborn health, especially in implementing the Essential Newborn Care Course;
- developing country proposals for improving newborn health, with a particular attention to an expansion of training on essential newborn care.

The meeting was attended by 24 experts from nine countries of the region, WHO/MPS country focal points, regional and HQ staff.

WHO Regional Office for the Western Pacific

Progress towards Making Pregnancy Safer

Despite strong government commitment and purposeful activities, maternal, perinatal, and newborn mortality rates in some countries of the region and in particular in Cambodia, China, the Lao People’s Democratic Republic, Mongolia, Papua New Guinea, the Philippines and Viet Nam are still unacceptably high. One reason for this unfortunate situation is national health systems’ lack of competent, motivated and encouraged health workers. In order to improve the health of mothers and babies and reduce maternal and newborn deaths in these seven priority countries, WHO Regional Office for the Western Pacific (WPRO) initiated and supported national efforts to develop the necessary human resources already some time ago.

During a consultation on human resource development in Shanghai, China in September 2006, representatives of the countries involved were able to share experiences and lessons learned regarding universal coverage of skilled attendance, capacity building and research, and discuss collaborative efforts to reduce maternal and newborn morbidity and mortality.

The individual countries followed up on the consultation with targeted activities. In the Philippines, Clinical Practice Guidelines on Normal Facility-Based Deliveries were prepared, that also included basic information on initial steps for Basic Emergency Obstetric Care. The printing and dissemination of the manual “Maternal Death Reporting and Review System – A Guide for LGU Users” was supported especially for the devolved health system. Other manuals were also reprinted and distributed across the countries, including “Beyond the Numbers” and “Towards Healthier Mothers, Children and Families”. Workshops to improve skills of local birth attendants have been conducted in Lao PDR, Mongolia and the Philippines, using the IMPAC manuals. Some of these manuals have been translated into several languages, including Vietnamese, Lao, Cambodian, Mongolian and Chinese.

Governments are aware of the importance of health information systems to monitor progress towards the achievement of the MDGs. A number of projects and initiatives are being implemented to strengthen health information systems and services and research capabilities. For example research projects and programmes on congenital syphilis screening have been initiated in Viet Nam and Mongolia, and on interventions for malaria in pregnancy in Cambodia and the Solomon Islands. Four countries (Cambodia, China, the Philippines and Viet Nam) have been invited to participate in the Global Survey for Maternal and Perinatal Health (Asia) research project of WHO HQ.

A stronger partnership with international and local agencies in making pregnancy safer has been established. The links with the agencies have been strengthened via consultative meetings and a streamlining of planned activities in target countries. However, more efforts and initiatives are needed to ensure progress towards improved health of mothers and babies and reduced maternal mortality figures.
In March 2007, Women Parliamentarians from all across the globe met in London, United Kingdom to discuss ways to improve the cooperation between countries to respond to maternal and newborn health challenges. The report on the meeting organized by WHO’s Department of Making Pregnancy Safer (MPS) and Members of the United Kingdom Parliament contains the presentations made by the Parliamentarians and health experts who exchanged experiences and provided new data. All participants emphasized the need and their willingness to join forces to fight the shockingly high rates of maternal and newborn deaths in some countries.

The aim of the Department of Making Pregnancy Safer (MPS) is to strengthen WHO’s capacity to support countries in their endeavour to improve maternal and newborn health. The Department is tasked with strengthening advocacy, technical support, monitoring, surveillance and evaluation and partnership in countries to ensure that WHO can provide the most up-to-date information and guidance on maternal and newborn health.

This publication covers the Department of Making Pregnancy Safer’s activities during 2006.

The WHO Recommendations for the Prevention of Postpartum Haemorrhage are based on a review and grading of evidence and the recommendations of a technical consultation meeting held in Geneva in October 2006. Key recommendations with supporting evidence are provided in this document.
2007 has been an exciting year for the Department of Making Pregnancy Safer (MPS) characterized by expansion and consolidation. The MPS team at Headquarters is now almost complete and I am very proud to say that we can now count on over 110 dedicated staff in regions, focus countries and Geneva who aim at improving maternal and newborn health.

In the course of the year that is drawing to a close, our team established effective communication channels across the globe to harmonize our efforts to provide coordinated support to countries. During meetings held on a regular basis, MPS staff reviewed the progress made and adapted its planning as needed. Joint missions to regional offices and meetings with regional and country advisers also helped to tailor MPS activities to countries’ needs.

Apart from the internal team building, we also established effective working relations with other programmes within WHO, particularly with HIV/AIDS, Malaria, Nutrition, Reproductive and Child Health programmes as well as with a broad range of partners outside the organization. Together with UNICEF, UNFPA, World Bank, international NGOs, academic institutions, professional bodies and the private sector, MPS raised the international profile of maternal and newborn health and pushed for a prioritizing of this vitally important issue on the global, regional and national agendas through conferences as Women Deliver, the meeting of female Parliamentarians as well as bilateral discussions with development partners and governments.

MPS also started to offer Orientation Workshops for the staff of partner organizations on a regular basis. During the two workshops carried out in 2007, the participants discussed topical information on recent developments in maternal and newborn health and possible strategies for advancement. Through these workshops MPS staff established direct links to staff in partner institutions at all levels.

2007 was also a successful year for MPS as the Department was able to continue the support of policy formulations, strategy development as well as the setting of evidence-based norms and guidelines, the support of their implementation and the monitoring of progress. MPS achievements were due to our close cooperation with our partners in Headquarters as well as in Regional and Country Offices.

A big Thank You to all people involved. Season’s Greetings.

Dr. Monir Islam

Continue from page 1

Still, every minute of every day, a woman dies needlessly in pregnancy or childbirth. Still, huge disparities exist in women’s survival rates between rich and poor countries, and between the rich and the poor in all countries. While in Sierra Leone and in Afghanistan, one woman out of six dies from complications of pregnancy and childbirth, in Sweden only one woman in 29 800 dies of such a cause.

“We know what interventions work to significantly reduce maternal mortality. There needs to be willingness to ensure that we can prevent unwanted pregnancies by ensuring that there is family planning. Once a woman falls pregnant we need to ensure that there is skilled birth attendance and emergency obstetric care if needed.”

Daisy Maluleba, Assistant Director-General, WHO

Most of these deaths are preventable as the leading killers continue to be postpartum haemorrhage, eclampsia, unsafe abortion, sepsis and obstructed labour. We know how to intervene in order to save the lives of the affected women and girls. Skilled care during pregnancy and childbirth as well as emergency obstetric care, and care for mothers and newborns after delivery are among the most cost-effective, life-saving health interventions for low-income countries. In addition, access to family planning and education help to reduce the numbers of maternal and newborn deaths. A functional health system, however, is a crucial precondition.

WHO/MPS together with UNFPA, UNICEF, World Bank and major non-governmental organizations pushed for the Women Deliver conference to direct the international attention to the advancement of the health of women, mothers and babies worldwide. At the conference, strong new pledges of commitment to invest in women’s health came from donors, government officials, corporations, foundations and non-governmental organizations.

“We cannot resign ourselves to the fact that a woman dies needlessly during pregnancy or childbirth every minute of every day. We cannot accept this loss, and we cannot afford this loss. I am convinced that we cannot. I am also convinced that we are able to save many mothers’ and newborns’ lives.”

Sarah Brown, the wife of United Kingdom’s Prime Minister Gordon Brown

More than 1 800 participants from 109 countries cheered a final statement from the 70 cabinet ministers and parliamentarians present, who pledged to prioritize the achievement of Millennium Development Goal 5 - that aims at cutting maternal mortality ratios by 75 percent and achieving universal access to reproductive health improve maternal health - on the national, regional and international health agenda. The ministers and parliamentarians also pledged to advocate in their home countries for an increased allocation of financial and human resources to the fight against maternal mortality and to the strengthening of services for maternal and newborn health.

In order to mobilize stronger political will and increased investment to reduce pregnancy-related deaths and disabilities worldwide we need to forge strong partnerships not only with countries and governments but also with civil society. And MPS will continue to support the governments and to help improve mothers’ and children’s health.

Serious investment in women’s health and rights enables women to deliver - not just the next generation, but also everything development communities work to achieve: economic progress, rising rates of literacy and productivity, better health and well-being for families, communities and nations.