

PA2 Report
June 1, 2011
POMNCH Board Meeting
Geneva, Switzerland



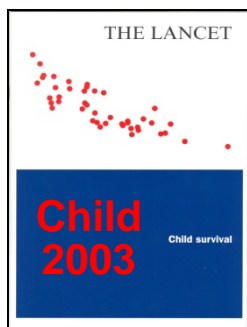
Priority Action 2 Interventions & Core Packages

*Zulfiqar A. Bhutta
Elizabeth M. Mason
(Co-Chairs PA-2)*

With support from the Secretariat of the PMNCH

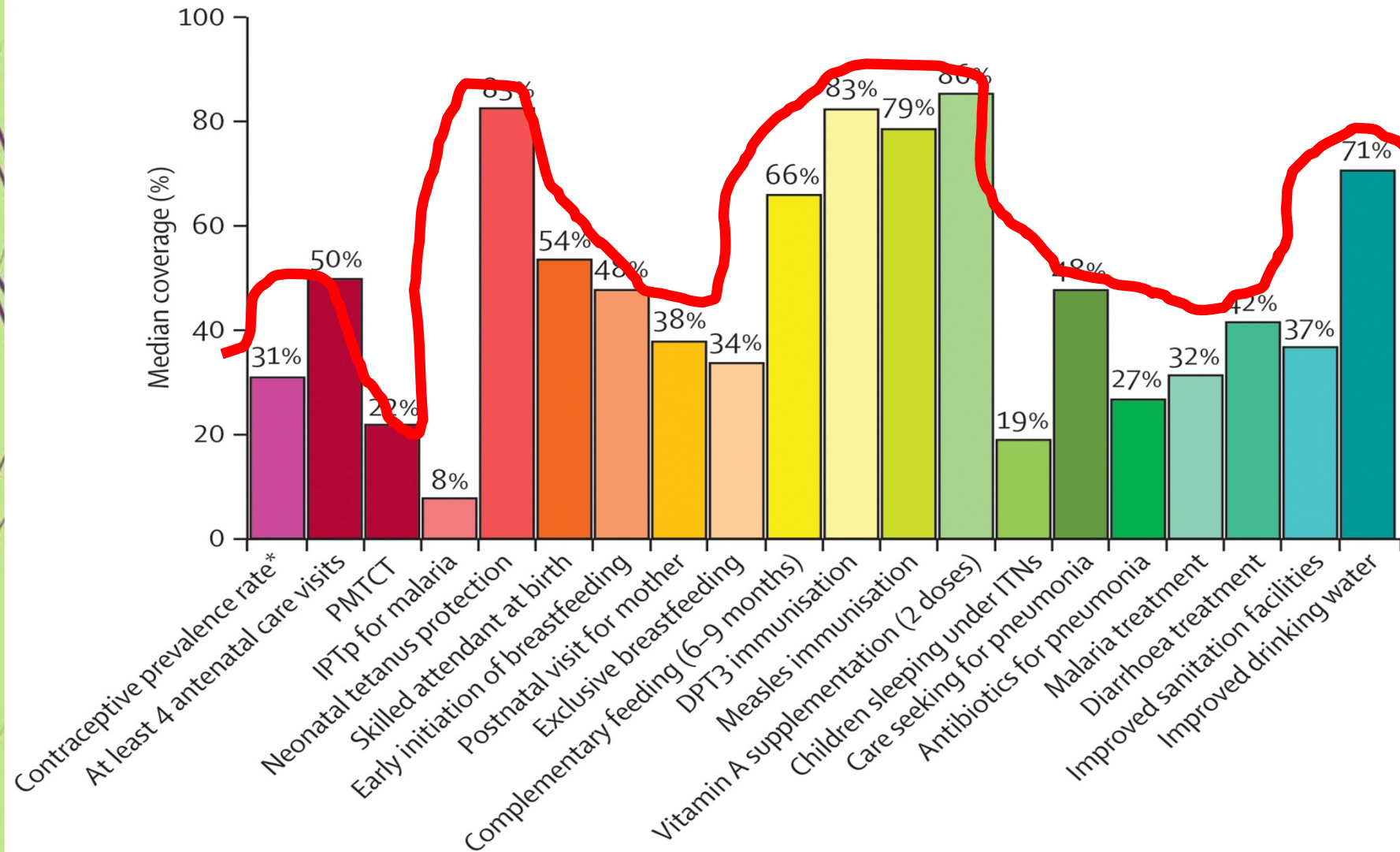
What works?

**Over 200 single
interventions
reviewed**



Plus those:

- Currently included in WHO recommendations (e.g. IMCI, Hospital care pocketbook, guidelines, MPS list of interventions etc.)
- Provided in Published in other related/similar publications



Issues & limitations in scaling up key interventions

- ❖ **Lack of consensus on how best to move in a coordinated manner**
- ❖ **Lack of defined key consensus products that ALL constituencies/partners can own and agree to scale up**
- ❖ **Lack of consensus on delivery strategies & interventions to address bottle necks**

Priority Action 2

Outputs

- ❖ Consensus developed on content of MNCH packages of interventions at each level of the health system and agreement on how to scale-up.
- ❖ Research gaps into content of core packages of interventions identified, and ongoing research mapped
- ❖ Consensus built on revised core MNCH packages to be delivered at each level and agreement on how to scale up.

Objectively Variable Indicators & Outputs: 2010-11

- ❖ Consensus developed on content of MNCH package of interventions at each level of the health care delivery system and agreement on how to scale up.
 - ◆ Document with key interventions across the continuum of care with level of delivery available.
- ❖ Research gaps identified into content of core package of interventions identified, and ongoing researched mapped and synthesized.
 - ◆ Report of research gaps and mapping completed and gaps identified.

Outputs & Objectively Variable Indicators: 2010-11

- ❖ Consensus built on revised core MNCH packages and agreement reached on how to scale up implementation.
 - ◆ **Synthesis report on core packages;**
 - ◆ **Meeting report on agreement on strategy for scaling up.**

Interventions with A level evidence across ALL levels of care

Intervention	Referral level	1 st level / Outreach	Community
Interventions to delay first pregnancy and promote birth spacing	A	A	A
Advice and provision of family planning	A	A	A
Peri-conceptual folic acid administration	A	A	A
Prevention & management of STIs including HIV	A	A	A
Social support during labour	A	A	A
Infection prevention during labor & child birth	A	A	A
Advice and support for breastfeeding	A	A	A
Promotion of early initiation of breastfeeding	A	A	A

Interventions with A level evidence across ALL levels of care

Intervention	Referral level	1 st level / Outreach	Community
Promotion of exclusive breastfeeding for 6 months	A	A	A
Continued breastfeeding up to 2 years of age	A	A	A
Appropriate complementary feeding 6-23 months age	A	A	A
Vitamin A supplementation in childhood	A	A	A
Appropriate feeding for HIV-exposed children	A	A	A
Case management of childhood pneumonia	A	A	A
Enhanced diarrhea management (ORS, zinc and continued breastfeeding and diet)	A	A	A

Interventions with A level evidence across two levels of care

Intervention	Referral level	1 st level / Outreach	Community
Appropriate antenatal care package (including 10 components)	A	A	C
Partograph use in labour	A*	A*	-
Active management of third stage of labour with oxytocin	A	A	C
Immediate care of mother after childbirth	A	A	C
ART for HIV	A	A	C
Injectable antibiotics for neonatal sepsis	A	A	C
Oral antibiotics for localized skin or umbilical infections	A	A	C
Oral antibiotics for neonatal pneumonia	A*	A*	B
EPI plus and Pneumococcal and Rotavirus vaccine	A	A	C
Management of severe acute malnutrition	A	A	B
Antibiotics for the treatment of dysentery in children	A	A	B
Antibiotics for the treatment of cholera in children	A	A	B
Insecticide-treated bed nets for children	-	A	A
Home-based neonatal care*	-	-	A

* Expanded review under progress

Work commissioned for 2011

<u>Title</u>	<u>Institution</u>	<u>PI</u>
Management of children aged 2-59 months with suspected bacterial meningitis or severe septicaemia in developing countries	University of Melbourne, Australia	K Kiang
Case management of Severe Acute Malnutrition	Washington University, St. Louis, US	M Manary, J Willumsen, I Trehan
Evidence on the short and long-term effects of breastfeeding: Systematic reviews and meta-analysis	Univ. Federal de Pelotas, Brazil	B Horta
Post-abortion care including identification and treatment of abortion-related complications, counseling and provision of contraception and linkages to other SRH services	NHS Centre for the Evaluation of Effectiveness of Health Care Local Health Unit, Modena, Italy	N Magrini
Landscape Review of EMNOC Training: Towards Increasing the Evidence behind Key Maternal, Newborn and Child Health Interventions	Liverpool School of Tropical MedicineUK	N van den Broek
Financial Support Platforms for Improving Basic and Emergency Obstetric Care: A Landscape Review	Aga Khan University, Pakistan	S Zaidi

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Scoping the landscape of interventions & delivery platforms

THE LANCET

April 14, 2011

www.thelancet.com

Stillbirths

An Executive Summary for *The Lancet's* Series



"Millions of families experience stillbirth, yet these deaths remain uncounted, unsupported, and the solutions understudied. Better counting of stillbirths alongside maternal and neonatal deaths and strategic programmatic action will make stillbirths count."

Stillbirths 3

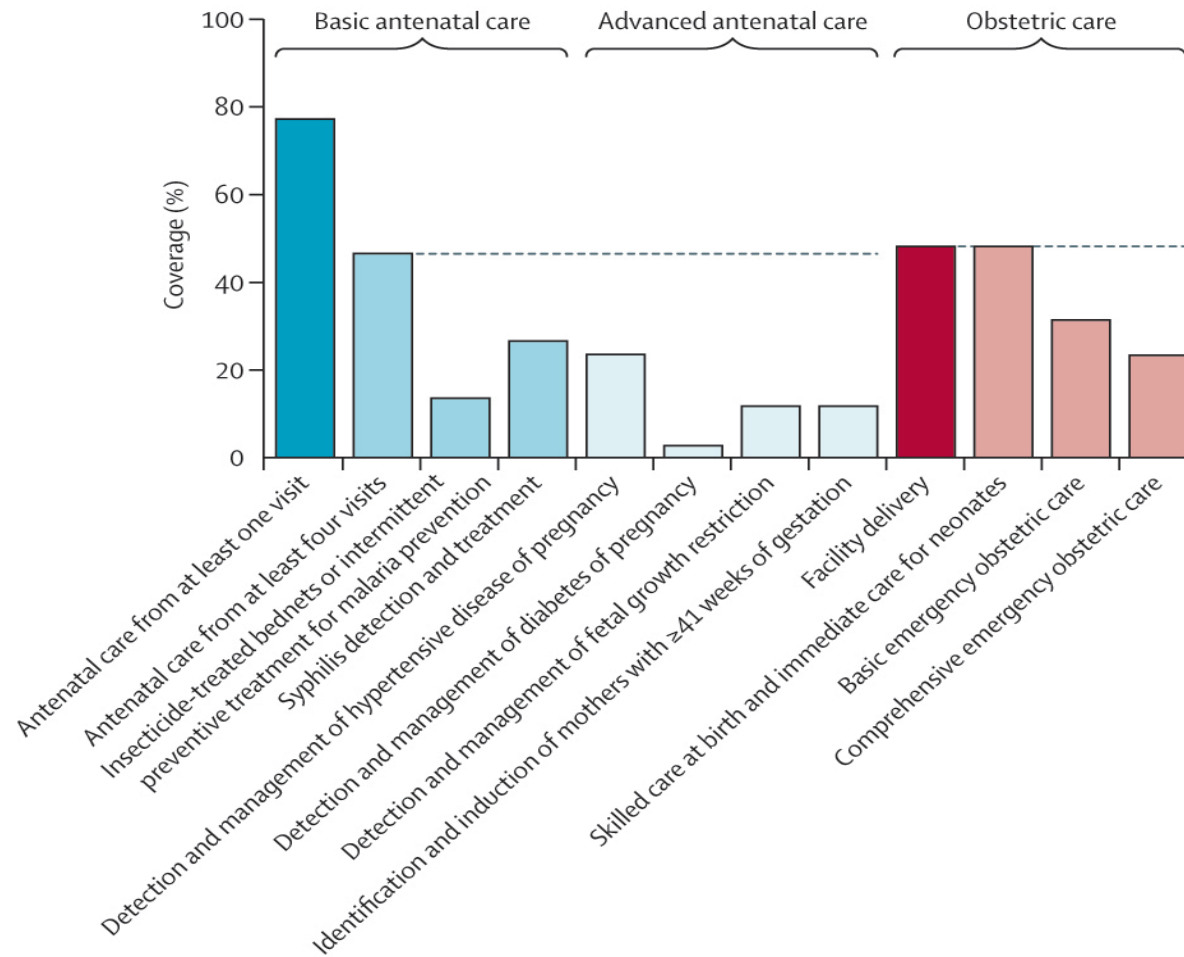


Stillbirths: what difference can we make and at what cost?

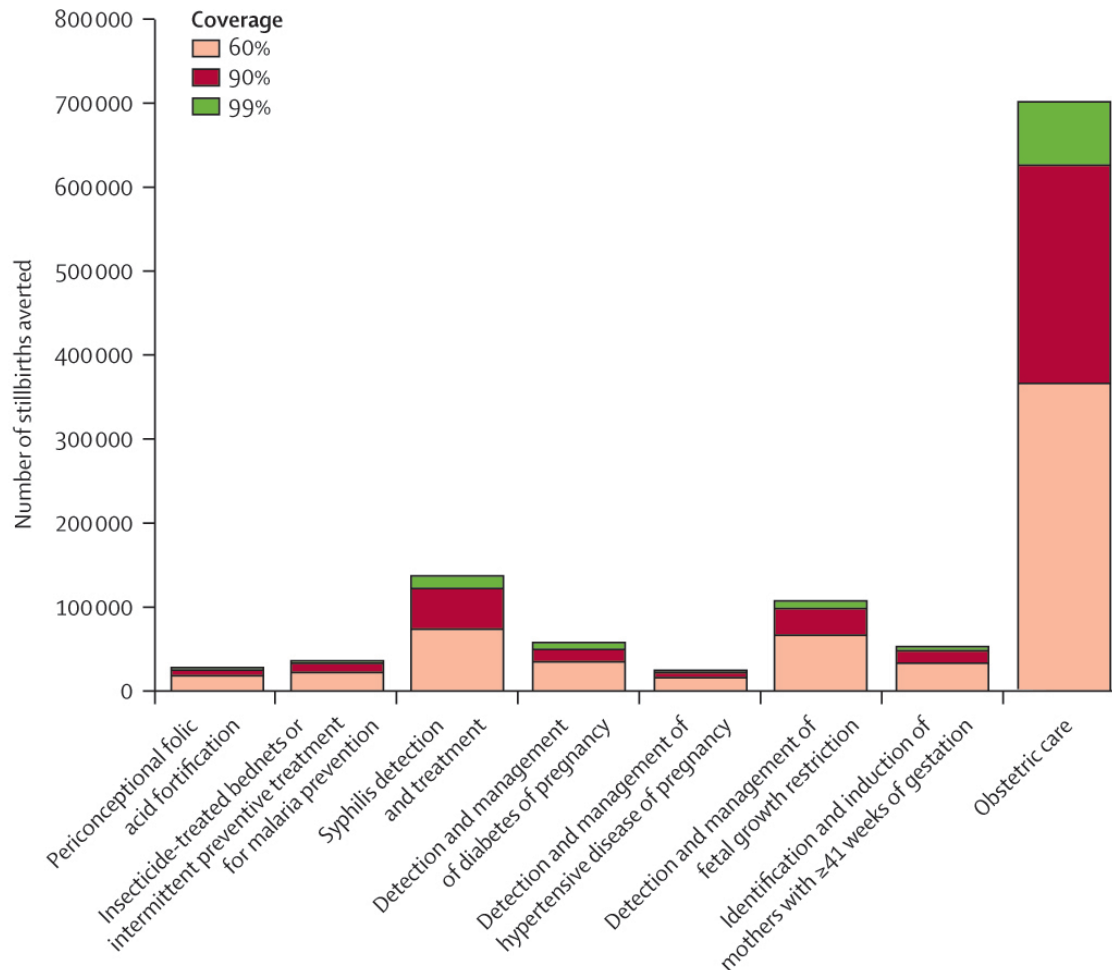
Zulfiqar A Bhutta, Mohammad Yawar Yakoob, Joy E Lawn, Arjumand Rizvi, Ingrid K Friberg, Eva Weissman, Eckhart Buchmann, Robert L Goldenberg, for The Lancet's Stillbirths Series steering committee*

Worldwide, 2·65 million (uncertainty range 2·08 million to 3·79 million) stillbirths occur yearly, of which 98% occur in countries of low and middle income. Despite the fact that more than 45% of the global burden of stillbirths occur intrapartum, the perception is that little is known about effective interventions, especially those that can be implemented in low-resource settings. We undertook a systematic review of randomised trials and observational

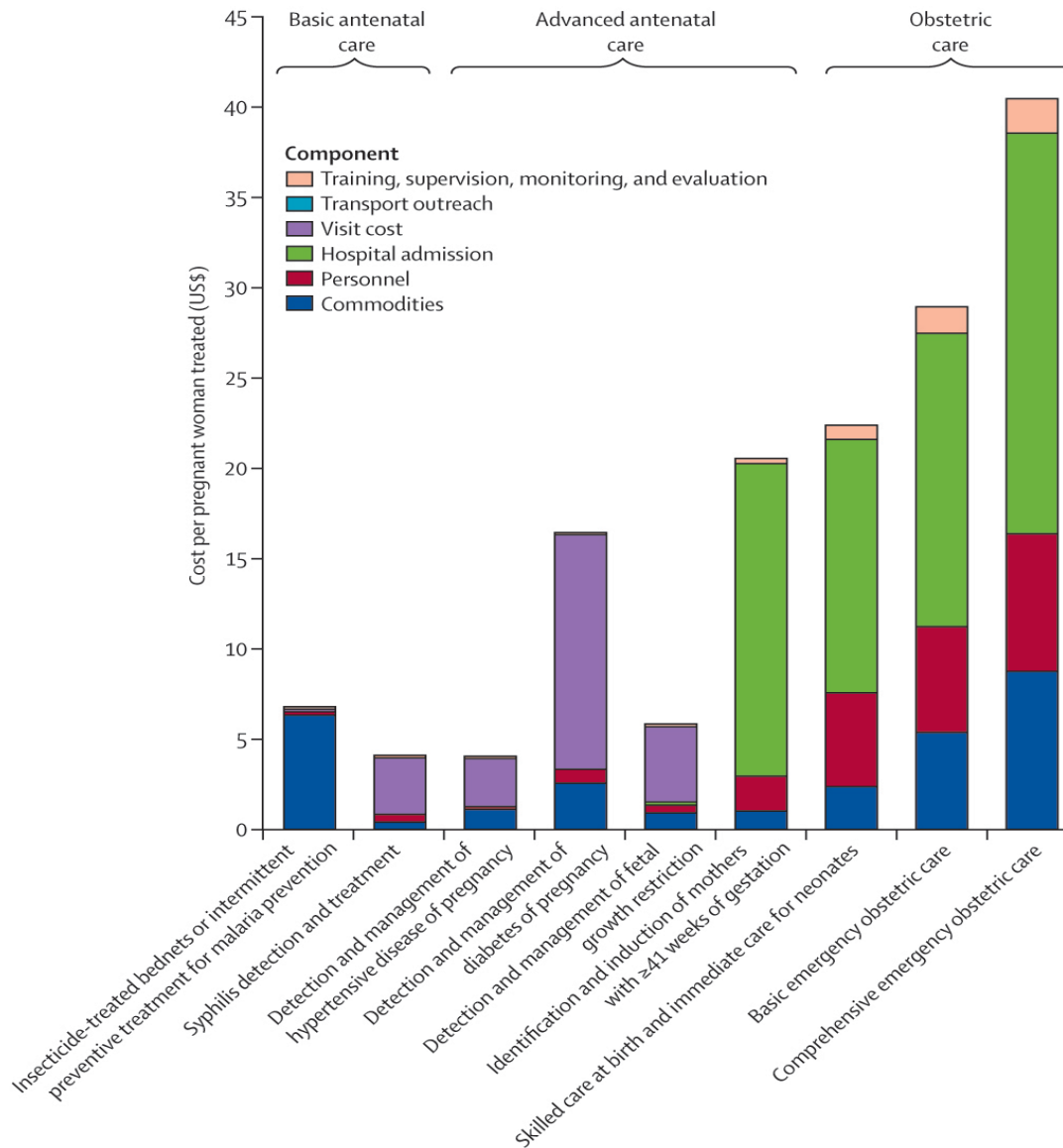
Published Online
April 14, 2011
DOI:10.1016/S0140-
6736(10)62269-6
[See Online/Comment](#)



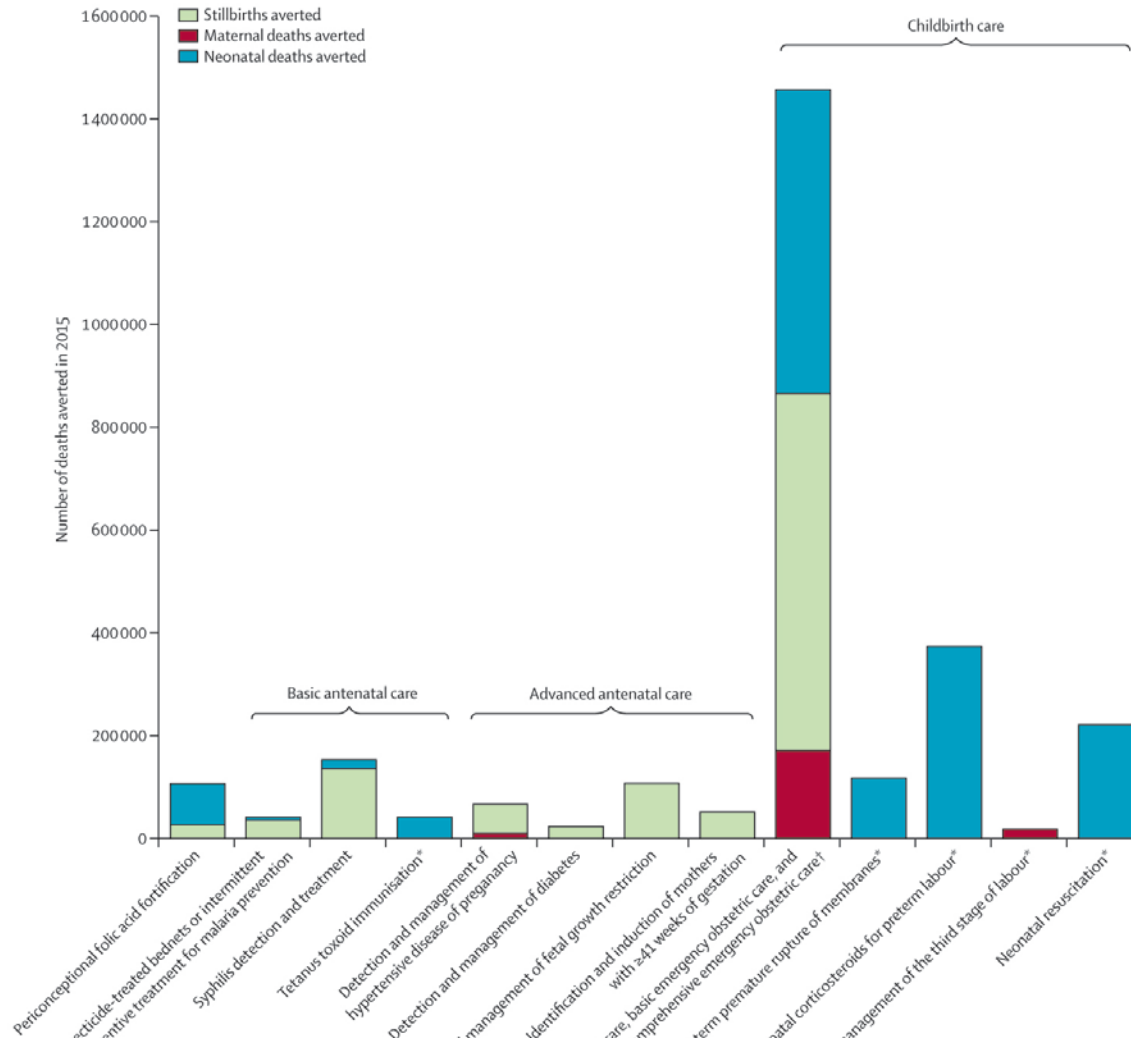
Coverage is low and many missed opportunities within existing health system contact points, especially antenatal care



Universal coverage with 10 interventions can save up to 45% of all stillbirths



Averting stillbirths at universal coverage will cost \$9.6 billion



Additional 5 interventions can avert an additional 1.6 million maternal & newborn deaths and 1.1 million stillbirths

Other emerging areas

- Qualitative reviews of interventions
- Pre-conception care
- Human development & long term outcomes
- Integrated interventions and delivery platforms
- Selective negative / Harmful interventions of policy relevance

**What product(s) do we need &
who for?**

Potential format option I

INTERVENTIONS	Evidence level	Medicines, vaccines, diagnostics and devices	Guidelines
•Exclusive breastfeeding	A	•Counselling, health education and promotion materials	Infant and young child feeding counseling: an integrated course (2006) - <u>Training tool</u> http://www.who.int/nutrition/publications/infantfeeding/9789241594745/en/index.html Community-based strategies for breastfeeding promotion and support in developing countries (2003) - <u>Technical Review</u> http://www.who.int/child_adolescent_health/documents/9241591218/en/index.htm
•Thermal protection	B		IMCI chart booklet (2008) - <u>Guideline</u> http://www.who.int/child_adolescent_health/documents/IMCI_chartbooklet/en/index.html
•Infection prevention: general hygiene, hand washing, cord care and safe disposal of baby's faeces	B		IMCI chart booklet (2008) - <u>Guideline</u> http://www.who.int/child_adolescent_health/documents/IMCI_chartbooklet/en/index.html IMPAC - Pregnancy, childbirth, postpartum and newborn care: a guide for essential practice (2006) - <u>Guideline</u> http://www.who.int/making_pregnancy_safer/documents/924159084x/en/index.html
•Care of a small baby without breathing and feeding problems: frequent breastfeeding, skin-to-skin contact	B		IMCI chart booklet (2008) - <u>Guideline</u> http://www.who.int/child_adolescent_health/documents/IMCI_chartbooklet/en/index.html Other guidelines
•Prevention of indoor air pollution	D *		
•Newborn stimulation and play	B		
•Recognition of problems, illness and timely care-seeking	B		IMCI chart booklet (2008) - <u>Guideline</u> http://www.who.int/child_adolescent_health/documents/IMCI_chartbooklet/en/index.html
•Support for routine care and follow up visits	A		Working with individuals, families and communities to improve maternal and newborn health (2010) - <u>Policy and Strategy</u> http://www.who.int/making_pregnancy_safer/documents/who_fch_rhr_0311/en/index.html WHO/UNICEF Joint Statement - Home visits for the newborn child: a strategy to improve survival (2009) - <u>Policy and Strategy</u> http://www.who.int/child_adolescent_health/documents/who_fch_cah_09_02/en/index.html

Potential format option 2

INTERVENTIONS	Evidence level	Level of care	Types of health workers	Training needs	Guidelines	Key indicators
•Exclusive breastfeeding	A					
•Thermal protection	B					
•Infection prevention: general hygiene, hand washing, cord care and safe disposal of baby's faeces	B					
•Care of a small baby without breathing and feeding problems: frequent breastfeeding, skin-to-skin contact	B					
•Prevention of indoor air pollution	D *					
•Newborn stimulation and play	B					
•Recognition of problems, illness and timely care-seeking	B					
•Support for routine care and follow up visits	A					