

PMNCH Board Meeting
December 2-4, 2009
Ottawa, Canada

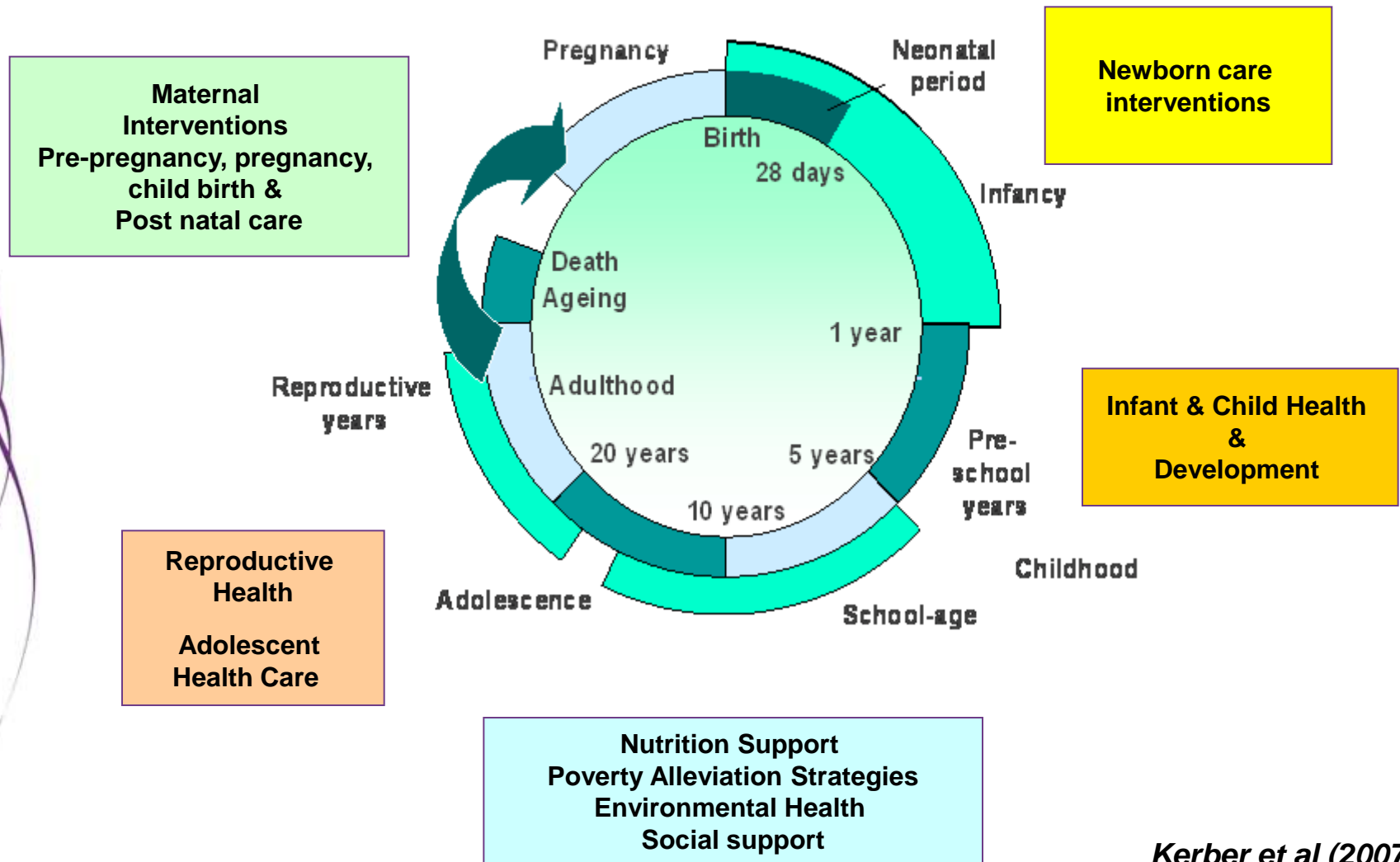


Priority Action 2

Core Packages Report

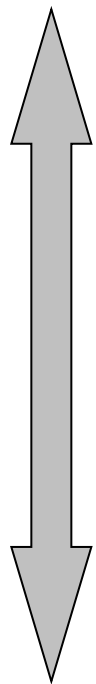
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Kerber et al (2007)

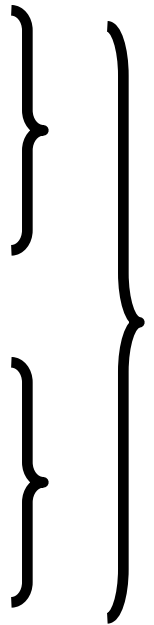
Continuum of care across service delivery pathways



Hospitals & Health Facilities

Outpatient and Outreach Facilities

Family and Community Care



What works?

**Over 190 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

- ❖ **Lack of consensus on how best to move in a coordinated manner**
- ❖ **Lack of resources to develop initial landscape review and gap analysis:**
 - ◇ Listing produced in 2007 was considered too exhaustive
 - ◇ Previous effort at developing a landscape review in 2007-8 was unsuccessful (outsourcing may not necessarily work!)
 - ◇ Extensive work at WHO initiated using GRADE criteria (Also LiST process and CHERG/MMERG)
 - ◇ Consensus needed on level of evidence as well as context and scale of the intervention for interventions relevant to MDG4 and MDG5

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: 2009

- ❖ 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.**

Salient Results for intervention packages & level of care

Process to-date

- ❖ **Dedicated joint teams**
 - ◆ **AKU (5 reviewers and senior faculty)**
 - ◆ **WHO (dedicated staff x 2) plus others**
- ❖ **Work initiated in August 2009**
- ❖ **Preliminary report on inventory for key interventions (Sept 2009)**
- ❖ **Face to face meeting and draft report for PMNCH Board (Nov 2009)**
- ❖ **Finalization of report and initial gaps assessment (Dec 2009)**

Process for identification and selection of interventions for review and classification

Interventions included were those:

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

Criteria for prioritization

- ❖ Interventions expected to have a **significant impact on maternal, newborn and child survival**, addressing the main causes of maternal, newborn and child mortality
- ❖ Interventions suitable for implementation in **low- and middle-income countries**; minimal essential care
- ❖ Interventions delivered through the **health sector**, from the community up to the 1st referral level of health service provision

Activities

1. Mapping of available evidence of efficacy of selected interventions for maternal, newborn and child survival (mostly from RCTs):

- ❖ Cochrane reviews
- ❖ Published Cochrane-type systematic reviews
- ❖ Submitted Cochrane-type systematic reviews
- ❖ Cochrane registered protocols
- ❖ CAH commissioned systematic reviews

Mapping of available evidence on the delivery (either individually or in integrated manner) of these selected interventions for maternal, newborn and child survival (mostly from cRCTs focusing on program effectiveness):

Activities

- 3. Application of the GRADE criteria to all intervention reviews and evidence**
- 4. Assessment of quality of all published Cochrane-type systematic reviews using AMSTAR criteria, suggested by WHO, using this assessment to either keep or exclude the reviews as evidence**

GRADE criteria for assigning grade of evidence

Type of evidence

Randomised trial = high

Observational study = low

Any other evidence = very low

Decrease grade if:

- ❖ Serious (- 1) or very serious (- 2) limitation to study quality
- ❖ Important inconsistency (- 1)
- ❖ Some (- 1) or major (- 2) uncertainty about directness
- ❖ Imprecise or sparse data (- 1)
- ❖ High probability of reporting bias (- 1)

Increase grade if:

- ❖ Strong evidence of association—significant relative risk of > 2 (< 0.5) based on consistent evidence from two or more observational studies, with no plausible confounders (+1)
- ❖ Very strong evidence of association—significant relative risk of > 5 (< 0.2) based on direct evidence with no major threats to validity (+2)
- ❖ Evidence of a dose response gradient (+1)
- ❖ All plausible confounders would have reduced the effect (+1)

Next steps

- 1. Consensus meeting of stake holders and experts to agree on core packages (? Feb 17-18, 2010)**
- 2. Summarize the results of the systematic reviews, also presenting the level of mortality averted, feasibility and level (complexity) of delivery**
- 3. Identify gaps and prioritize work needed**
- 4. Commission of reviews identified as priority (to be commissioned & completed in 2010)**
- 5. Consensus Packages for Implementation and Scaling up**
- 6. Publication of process and key findings**
- 7. Stakeholder meeting on delivery strategies for above packages (early 2011)**

PA2

Classification of Interventions according to available evidence

Nov 2009

Definition of classification

- ❖ **A = Sufficient evidence for efficacy of intervention for application and scale up. (maybe level specific)**
- ❖ **B = Some evidence of efficacy but further evidence needed for scale up**
- ❖ **C = No or controversial evidence**

Pre-pregnancy Interventions Classification

Intervention	Referral level	1 st level / Outreach	Community
Interventions to delay first pregnancy and promote birth spacing	A	A	A
Peri-conceptual folic acid	A	A	A
Prevention & management of STIs including HIV	A	A	A
Nutrition education (balanced diet)	C	C	C
Iron supplementation for prevention of anemia	C	C	C

Management of unwanted/unintended pregnancy Classification

Intervention	Referral level	1 st level	Community
Availability and provision of safe abortion when indicated and legally permitted	A	-	-
Provision of post abortion care	A	B	

Antenatal Care Interventions Classification

Intervention	Referral Level	1 st level / Outreach	Community
<p>Appropriate antenatal care package including:</p> <ul style="list-style-type: none"> – Screening for maternal illness – Screening for hypertensive disorders of pregnancy – Screening for anemia – Screening for fetal growth problems & malpresentation – Iron and folic acid supplementation – Tetanus immunization – Counselling on family planning, birth and emergency preparedness – Screening detection and appropriate management of STIs including PMTCT of HIV – IPT and ITN and case management of malaria in malarious areas – Interventions for smoking and alcohol cessation 	A	A	C

Antenatal Care Interventions Classification

Intervention	Referral level	1 st level / Outreach	Community
Interventions to reduce malpresentations (> 36 weeks)	A	-	-
Management of antepartum hemorrhage	A	-	-
Management of pre-eclampsia	A	B	-
Aspirin for prevention of pre-eclampsia	B	-	-
Calcium for prevention of pre-eclampsia	B	-	-
Multiple micronutrient supplementation	B	B	B
Maternity waiting homes	B	B	-

Childbirth Interventions Classification

Intervention	Referral level	1 st level HF	Community
MANAGEMENT OF UNCOMPLICATED LABOUR			
Partograph use in labour	A*	A*	-
Social support during labour	A	A	A
Infection prevention	A	A	A
Analgesia in labour	A	B	C
Active management of third stage of labour with oxytocin	A	A	C
Immediate care of mother after childbirth	A	A	C

* Further evidence synthesis underway

Childbirth Interventions Classification

Intervention	Referral level	1 st level	Community
MANAGEMENT OF COMPLICATED LABOUR			
Interventions to manage prolonged or obstructed labour	A	C	C
Cesarean delivery for specific indications incl. foetal distress	A	-	-
Prevention and treatment of eclampsia	A	C	C
Management of preterm labour and childbirth	A	-	-
Management of PPROM & PROM	A	-	-

Childbirth Interventions Classification

Intervention	Referral level	1 st level	Community
OTHER SPECIFIC INTERVENTIONS			
Management of postpartum hemorrhage	A	B	C
Breech delivery	A	-	-

Early Postnatal Interventions Classification

Intervention	Referral level	1 st level	Community
Advice and support for breastfeeding	A	A	A
Information and counselling regarding danger signs and emergency preparedness	C	C	C
Advice and provision of family planning	A	A	A
Detection and treatment of maternal anemia	A	B	B
Detection & treatment of maternal infection	A	B	B
ART for HIV	A	A	-
Management of puerperal blues and psychosis (depression)	C	C	C

Newborn Care Interventions Classification

Intervention	Referral level	1 st level	Community
Skin-to-skin contact for the first hour of life	A	B	B
Early initiation of breastfeeding	A	A	A
Positive pressure ventilation with room air for respiratory failure/asphyxia (neonatal resuscitation)	A	B	B
Newborn skin anti-sepsis (chlorhexidine)	C	C	C
Chlorhexidine application on cord (or clean, dry, nothing applied on cord)	C	C	C
Vitamin K prophylaxis for the newborn	A*	B	-

* Further evidence synthesis underway

Newborn Care Interventions Classification

Intervention	Referral level	1 st level	Community
Kangaroo mother care for LBW/preterm infants	A	B	B
Topical emollient therapy for preterm/LBW infants	B	C	C
Injectable antibiotics for neonatal sepsis	A	A	B
Oral antibiotics for localized skin or umbilical infections	A	A	B
Oral antibiotics for neonatal pneumonia	A*	A*	B

* Further evidence synthesis underway

Newborn Care Interventions Classification

Intervention	Referral level	1 st level	Community
Surfactant therapy for very preterm babies to prevent or treat respiratory distress syndrome (RDS)	A	-	-
Continuous positive airway pressure (CPAP) to prevent or treat RDS	A	-	-
Home-based neonatal care*	-	-	A
Antibiotics for the newborn if at risk of bacterial infection (maternal infection, fever)	A	B	C
Neonatal vitamin A supplementation*	C	C	C

* Further evidence synthesis underway

Child Care Interventions Classification

Intervention	Referral level	1 st level / Outreach	Community
Exclusive BF for 6 months	A	A	A
Continued breastfeeding up to 2 years of age	A	A	A
Complementary feeding 6-23 months of age	A	A	A
Iron supplementation for prevention	C	C	C
Vitamin A supplementation	A	A	A
Zinc supplementation (preventive)	B	B	B
Iodine supplementation	C	C	C
MMN supplements (Sprinkles)	C	C	C

Child Care Interventions Classification

Intervention	Referra l level	1 st level / Outreach	Community
Insecticide-treated bed nets for children	-	A	A
Malaria prevention in children (? IPTi)	C	C	C
Antiretroviral therapy to improve HIV-free survival	A	B	B
Appropriate feeding for HIV-exposed child	A	A	A
EPI and EPI plus (H.influenzae)	A	A	-
Pneumococcal conjugate vaccination	A	A	-
Rotavirus vaccine	A	A	-

Child Care Interventions Classification

Intervention	Referral level	1 st level / Outreach	Community
Management of severe acute malnutrition	A	A	B
Case management of childhood pneumonia	A	A	A
Case management of childhood meningitis	A	C	C
Enhanced diarrhoea management (ORS, zinc and continued breastfeeding and diet)	A	A	A
Antibiotics for the treatment of dysentery in children	A	A	C
Antibiotics for the treatment of cholera in children	A	A	C

Child Care Interventions Classification

Intervention	Referral level	1 st level / Outreach	Community
Deworming for prevention	C	C	C
Hand washing promotion strategies		C	B

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