

***Collaboration with Malawi and H4 on:
Strengthening MNCH Systems to
Improve Maternal & Perinatal Health Outcomes***



***Perspectives, Priorities and
Potential Contributions:
CDC Global Perinatal Integration
Working Group (GPIWG)***

Global Perinatal Integration Working Group

■ **What is the GPIWG?**

- A cross-cutting body of CDC technical experts that draw on their collective public health expertise **to *advance the science and delivery of comprehensive, integrated maternal newborn and early child health services globally***

■ **GPIWG Members**

- Enthusiastic team of technical representatives from **18 CDC Divisions** involved in global MNCH research and program meeting since 2007
- Mainly **technical staff** involved in disease-focused or other (e.g., RH) specific program areas c/w CDC's structure, and **with a shared vision of contributing to larger MNCH goals** through integration of program interventions when appropriate and possible

Global Perinatal Integration Working Group

■ **WG Focus**

- *Not strictly “perinatal”* – but on mothers and newborn infants through early childhood, with an emphasis on interventions for pregnancy and delivery, post-partum and beyond

■ **WG Goals include**

- To support development and implementation of quality-assured interventions that improve maternal, newborn and child health outcomes
- To promote and conduct evaluation research around integration of MNCH services, i.e., to contribute to the science base on integrated MNCH efforts
- To provide technical assistance as needed on a wide range of specific MNCH interventions and on effectively integrating interventions

Malawi/H4 Collaboration: Perspectives

- The GPIWG is excited to support Malawi in implementing, ensuring quality and evaluating one or more evidenced-based MCH interventions and practices
- Ideally, the approach would
 - use a “package” of evidence-based interventions
 - have opportunities to try out interventions together to identify challenges (possibly using a phased approach)
 - support the existing ANC and Labor/Delivery (and as possible Post Partum) services
 - involve ongoing and iterative surveillance, monitoring and evaluation
 - support and enhance the capacity of the existing work force , health system and community
 - lead to reports that build the evidence-basis for integration of certain MCH activities (emphasis – “get the message out”)

Malawi/H4 Collaboration -- Needs

GPIWG Needs:

- Clear understanding of roles and responsibilities, including timeline
- Funding for any required travel for technical staff (technical visits to be determined in the process)

Malawi/H4 Collaboration -- Potential

Potential contributions of GPIWG:

- WG has depth and breadth
 - Technical expertise on surveillance, M&E, a range of specific evidence-based technical interventions; representatives across CDC Divisions
- Members come from a variety of disciplines
 - Clinicians, laboratory scientists, epidemiologists, behavioral scientists, statisticians, public health advisors, policy experts and health economists
- Several members have worked with closely with Malawi currently or in the past
 - GAP, Malaria, Safe Water, Reproductive Health, TB, STD, Hepatitis, SMDP
- WG can support several aspects of activity: planning, evaluation, reporting, training on integrated interventions at systems, facility (e.g., ANC, L&D, PP) and community levels

Malawi/H4 Collaboration: Potential

GPIWG has potential to support the Malawi, H4 and other partners in several areas, e.g.,

- Developing an appropriate and feasible “package” of interventions, and means of coordinating and linking them
 - Assessing baseline services, needs, surveillance data, linkages, etc. with local communities, Malawi MOH and other partners
 - Pilot testing feasibility of intervention packages
- Enhancing or developing iterative and ongoing surveillance, monitoring & evaluation of the integrated activity that can measure *quality, coverage* and (if possible) *impact* of intervention package, and rapid feed back of results to program
 - Identifying and assessing feasibility of data elements, collection processes
 - Ensuring quality and fidelity of the interventions
 - Supporting the project in reporting back results to the MOH, H4 and larger MNCH community

*Examples of Specific Types of Support**

Planning and Systems Levels

- Support in defining a conceptual framework or model on integrated intervention/evaluation needs and developing protocols
- Identification of key indicators/outcome variables (i.e., critical program outcomes for specific interventions TBD and for integrated program) and evaluation plan
- Technical assistance (TA) in
 - developing standard operating procedures and tools
 - strengthening existing program data collection systems to allow evaluation of integrated model(s)
 - training for HCPs or Trainers on specific interventions TBD, on integrated interventions; strengthening professional regulatory boards and certification
 - strengthening diagnostic laboratory services through training and ongoing QA/QC monitoring
 - enhancing health systems capacity for process improvement around MCH services (e.g., using SMDP models)

* Have technical representation in GPIWG

Examples of specific technical elements for GPIWG support using continuum of care model*

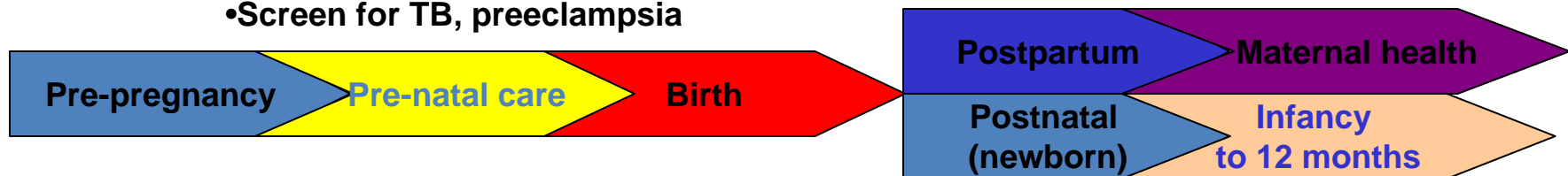
Antenatal Clinic Visits

- Comprehensive PMTCT+
- Safe water, hygiene
- IPT malaria, ITNs
- Maternal syphilis testing, and “STAT”; partner treatment
- Nutrition, vitamins, supplements
- Safe delivery plan/kit, early warning signs, anemia screening
- Screen for TB, preeclampsia

Post Partum Visits

- Comprehensive PMTCT+
- Support for breastfeeding
- Education on nutrition, vitamin supplementation
- Safe water, hygiene
- Modern contraception, LARC
- Establishing needed linkages (e.g., HIV, TB treatment)

See Pre-pregnancy



Women’s Health

- Family planning including LARC, birth spacing
- Other RH/STI services
- Adequate nutrition, safe water
- HIV testing, links to HIV care
- TB screening
- Cervical cancer screening; HPV vaccine
- Safe blood supply (community)

Labor and Delivery

- Improved L&D services
- Treatment of sepsis
- Anti-hemorrhage drugs
- Essential OB care; skilled attendants and clean delivery kits
- Emergency OB care
- Safe blood supply
- Neonatal resuscitation

Postnatal Care

- Hygienic cord care
- Thermal care
- Comprehensive PMTCT+
- Breastfeeding
- Birth dose hepatitis B vaccine

Infant/child visits

- Child immunizations
- Comprehensive PMTCT+ and pediatric HIV care
- Safe water, ORT
- Growth curves, nutrition

*Technical representation on GPIWG

Some Additional Thoughts

- Are there clear data on right interventions needed for Malawi to do to prevent maternal and infant deaths and disability?
 - Do we know what is working/not working on the ground, and why or why not?
- How can we best support Malawi to coordinate interventions without overwhelming health providers?
 - Important to consider positive as well as negative effects of integrated interventions
- Are there interventions that also act as incentives to bring people into ANC care and other MNCH services?
- How can we best support Malawi/partners to do interventions right (i.e., fidelity of interventions)?
- Are there opportunities to assess the overall impact of such an integrated program on maternal and health outcomes?

- **The GPIWG is excited to help in this effort!!**



**CDC's Global Perinatal Integration Working Group
2010 Retreat**

*Some examples of Intervention Elements for an integrated ANC, L&D and PP package**

At the ANC Services Level

- Comprehensive PMTCT+ programs to reduce mother-to-child HIV transmission to reduce maternal and infant morbidity and mortality caused by HIV
- Integrating water treatment and hygiene promotion with ANC to reduce diarrhea risk and associated health outcomes, and motivate ANC service use
- Intermittent preventive treatment and long acting ITNs to prevent adverse pregnancy outcomes caused by maternal malaria infection
- Maternal syphilis testing at 1st pregnancy visit with same day treatment of women testing positive (“STAT”) to reduce adverse pregnancy outcomes caused by syphilis and improve maternal health; partner treatment
- Promoting Safe Delivery Plans, including transportation options developed during ANC ; training on early warning signs; anemia screening.
- Scaling up TB screening and integrated TB activities during ANC to reduce TB-related morbidity and mortality in pregnant women

* Have technical representation in GPIWG

*Some examples of Intervention Elements for an integrated ANC, L&D and PP package**

At Delivery, Post Partum and Beyond

- Improved labor and delivery services, including promotion of emergency obstetrical care strategies; Safe blood supply
- Integrating modern contraception, including LARC into PMTCT, antenatal and labor and delivery services to reduce unintended pregnancy
- Comprehensive PMTCT services, with quality assurance for follow up referrals for women and infants; promotion of safe feeding options
- Administration of a birth dose of hepatitis B vaccine to reduce perinatal and infant-acquired chronic hepatitis B virus
- Ensuring recommended childhood immunizations to reduce vaccine preventable diseases in children
- Following infant growth curves, and ensuring adequate nutrition, supplements and vitamins for infants, mothers (and families) to promote maternal and child health
- Integrating water treatment and hygiene promotion in PP, immunization and follow up HIV/TB visits to reduce diarrhea risk and associated health outcomes, and motivate return for other health visits

* Have technical representation in GPIWG

*Other examples of potential GPIWG support**

In the Community

- Improved information and advocacy on labor and delivery services, including community-appropriate options in case of emergencies (e.g., identification of transportation, safe stay houses).
- TA to support promotion of blood safety and effective blood donation referral options in the community
- TA in high quality family planning, including LARC, and RH/STI services
- Support for communications systems or networks (e.g., cell phone options)
- Community outreach and peer education models supporting enhanced MNCH services

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