

***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\*

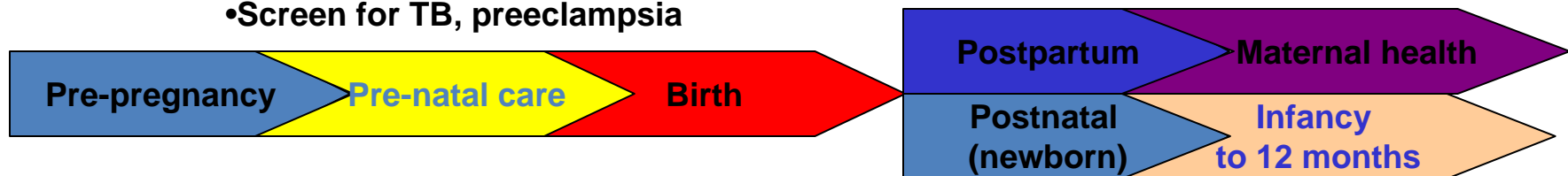
## Antenatal Clinic Visits

- 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 1<sup>st</sup> 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

\* Have technical representation in GPIWG