POLICY RECOMMENDATIONS HIGHLIGHTED BY THE 14TH MEETING OF THE COMCEC POVERTY ALLEVIATION WORKING GROUP

A policy debate session was held during the 14th Meeting of the Poverty Alleviation Working Group (PAWG). The Working Group came up with some concrete policy recommendations for reducing maternal and child mortality in the OIC and approximating policies among the member countries in this important issue. The policy advices presented below have been identified in light of the main findings of the research report titled "Child and Maternal Mortality in Islamic Countries" and the responses of the Member Countries to the policy questionnaire which was sent by the COMCEC Coordination Office.

Policy Advice 1: Developing a strategy/policy to improve access to maternal, neonatal and child health (MNCH) care, and to provide equitable distribution of health providers

Rationale:

Although proven and cost-effective interventions are available to prevent maternal, newborn and child deaths, the utilization and coverage of MNCH care interventions are low in many settings. Supply related health system factors – such as access to and availability of services, quality of care, emergency transportation – and demand related factors – such as income, education, social norm factors – affect the utilization of obstetrical and child health care services.

High inequity in MNCH care exists among the poorest segments of the population. Reaching the poorest population remains a challenge in many countries. Improving access to high-quality MNCH services, assuring high-quality services in public facilities, and improving the availability of skilled providers to poor segments of the population are very critical for substantially reducing maternal and child mortality at the national level. Life threatening maternal complications need emergency transportation and in many settings, especially in rural areas, ambulance services are not available. Often the nearest facilities may not have trained service providers, especially in rural and remote areas. Improving physical accessibility and financial affordability through health insurance programs and vouchers are likely to help women and families to overcome the economic barriers. Improving the availability of trained health workers and affordable, high quality, easily accessible services in poor settings and rural areas are critical for reducing inequity. Policy will be needed to improve workforce capacity and to develop incentive strategies for equitable distribution of health providers.

Sociocultural beliefs and practices also affect women from seeking care. Identifying local sociocultural barriers and developing culturally sensitive intervention programs would help in raising awareness and improving acceptability of MNCH services.

With the recent UN declaration of universal health coverage, there is growing recognition that universal health care access to MNCH services will be critical for countries to accelerate the progress towards achieving the SDG-3.1 (to reduce the global maternal mortality ratio to less than 70 per 100 000 live births by 2030) and SDG-3.2 (all countries to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births by 2030) goals.

Policy Advice 2: Improving health system functioning and quality of MNCH care through training and practice of recommended standard of care protocols, and regular monitoring of standards

Rationale:

Improving delivery rates with skilled birth attendants (SBA) at health facilities is one of the key strategies for reducing maternal and perinatal mortality. However, many OIC member countries with high SBA have very high maternal mortality ratios and child mortality rates. There are concerns that quality of care in health facilities is poor. A recent estimate suggests that half of all maternal deaths and 1 million neonatal deaths could be prevented by ensuring high quality of health care delivery system.

Stakeholders suggest to improve the quality of care through good governance and ensuring accountability. Standard protocols are available for the management of normal delivery and for the treatment and referral of women for maternal complications. However, the practice of such protocols and monitoring of practice are often poor in low and middle-income countries. Results-based financing programs were instituted in some settings for improving quality of health services. Studies also suggest that often the competency level of health providers is low and needs improvement through refresher training. Doctors are often not available at health facilities or engage in moonlighting, which also affect the quality of care at health facilities.

Essential drugs or medical equipment are often not available or functional in many public health facilities. Assuring financing and timely planning for procurement and distribution of supplies will help to avoid stock-out challenges.

Providing safe, effective, women-centered, timely, efficient and equitable MNCH care will be critical for improving its acceptance and utilization.

Policy Advice 3: Improving continuum of maternal, neonatal and child health care for assuring uninterrupted services before and during pregnancy, delivery and postpartum period through among others developing specific conditional cash transfer programs

Rationale:

Although antenatal care (ANC) is high in many OIC member countries, often more than 90% for at least one visit, the continuum of maternity and postpartum child care is low. In spite of receiving ANC from a health facility, many women do not deliver at a health facility or under a skilled birth attendant and receive medical care during postnatal period, when mortality risks are highest. The World Health Organization now recommends conducting ANC visits 8 times and initiating early in the first trimester. In many countries, however, the visits of at least four antenatal care (ANC4+), which was recommended earlier, are even substantially low (often less than 50% of one ANC visit rate); reaching 8 visits will need more efforts, resources and programmatic interventions.

Similarly, the immunization coverage for the selected vaccination or the first dose is high in many countries, but the coverage of "all recommended doses for the basic vaccinations" is low. These are missed opportunities: each contact with a health provider provides the opportunities of counseling women for delivering at a health facility, seeking immediate postpartum care for them and their newborns, and completing age-specific full doses of vaccination. Community based outreach programs are also needed for maintaining continuum of care. Rapid expansion of mobile phone technology opens new opportunities for contacting women and families for reminding and assuring continuum of care. It is imperative to identify the barriers of continuum of care and provide remedial solutions. Identifying the scopes and

challenges of integrated programs for the continuum of maternal, neonatal and child health care also needed to develop appropriate MNCH policy and action plans. In this respect, specific conditional cash transfer programs can be developed targeting pregnant women to ensure their continuum of maternity and postpartum child care.

Policy Advice 4: Developing/Improving integrated health information management systems for monitoring MNCH care level and reporting births and deaths, including maternal deaths, nationally and locally

Rationale:

Monitoring key health data is crucial to identify challenges and priorities in providing quality health services. Strengthening health information systems facilitates planning and allocation of resources as well as contributes to accountable and transparent public health management. Fully functional health information systems would enable government officials give sound and timely decisions based on reliable data towards enhancing access to health services.

Many OIC Member Countries face challenges regarding health information management such as reporting quality and timeliness, duplication and fragmentation of data collection as well as lack of rigorous validation within different programmes. Some member countries do not have sufficient registration of births and deaths as well as reporting complete and accurate causes of death is lacking. This adversely affects the estimations of maternal and child mortality indicators. The most recent mortality estimates for the developing countries are based on model based estimates, which are available at a national level. These estimates are not helpful for tracking sub-national situations. Knowing causes of deaths is critically important for developing and planning appropriate public health interventions. It is possible to provide such information from a good, functional HMIS system.

Therefore, allocating required resources to develop and maintain infrastructure to enhance a well-designed health information management system is highly important. Moreover, in order to ensure uniformity in aggregating data, collaborating with different stakeholders such as statistical departments, relevant ministries and organizations is crucial to achieve a strong multi-sectoral coordination mechanism. Coverage of information will be needed from both health facilities and communities.

Policy Advice 5: Developing sustainable educational programs on women and child health care delivered to community with a view to eliminating the inequities linked to low education levels

Rationale:

As a long term investment and strategy, improving female education is critical for reducing maternal and child mortality. A large inequity in maternal and child health care was observed by education level, wealth quintile, and urban-rural areas. Education is also a key factor for inequity in socioeconomic status and urban-rural residence. The elimination of inequity due to education may increase maternal and child health care considerably. In many of the OIC member countries that have high maternal and child mortality and low utilization of MNCH care, female education level is low.

Education is also likely to improve women’s empowerment and decision making for health care for themselves and their children. Lack of permission is cited in the literature as one of the main causes of not delivering at a health facility. Improving women's empowerment is

likely to reduce such barriers. Therefore, activities towards raising awareness among mothers and pregnant women can be encouraged by the high level country strategy documents and regulations.

Instruments to Realize the Policy Advices:

COMCEC Poverty Alleviation Working Group: In its subsequent meetings, the Working Group may elaborate on the above-mentioned policy areas in a more detailed manner.

COMCEC Project Funding: Under the COMCEC Project Funding, the COMCEC Coordination Office issues calls for project proposals each year. With the COMCEC Project Funding, the member countries participating in the Working Groups can submit multilateral cooperation projects to be financed through grants by the COMCEC Coordination Office. For realizing above-mentioned policy recommendations, the member countries can utilize the COMCEC Project Funding facility. These projects may include organization of seminars, training programs, study visits, exchange of experts, workshops and preparation of analytical studies, needs assessments and training materials/documents, etc.