

Concept Note

Maternal Perinatal Death Surveillance and Response Capacity Building: Joint WHO/UNFPA/UNICEF Workshop

**Johannesburg, South Africa
November 19-23, 2018**

Maternal Perinatal Death Surveillance and Response Capacity Building Joint WHO/UNICEF/UNFPA Workshop November 19-23, 2018, Johannesburg, South Africa

Background

Maternal and Perinatal Death Surveillance and Response (MPDSR) is an important approach for improving quality of care for maternal and neonatal health. MPDSR is also vital for enhancing evidence-based advocacy, policy, planning, service delivery and accountability for accelerating progress towards ending preventable maternal and neonatal mortality. MPDSR approach facilitates initiation of targeted interventions to address the underlying causes of maternal and neonatal deaths. Therefore, MPDSR is a key strategy for attaining health Sustainable Development Goals (SDGs), in particular:

- SDG 3.1: Reduction of maternal mortality ratio to less than 70 per 100,000 live births by 2030;
- SDG 3.2: Ending preventable deaths of newborns and children under 5 years of age by 2030;
- SDG 3.8: Achievement of universal health coverage, including financial risk protection, access to quality essential health care services, and access to safe, effective, quality, affordable essential medicines and vaccines for all by 2030.

WHO, UNFPA and UNICEF, in collaboration with other partners, have been supporting countries to strengthen implementation of MPDSR in Africa. A lot has been achieved in a relatively short period of time. MPDSR has made it to the continental policy frameworks (Maputo Plan of Action and Africa Health Strategy). Many countries have developed national policy frameworks and systems for implementing MPDSR, and are now expanding these systems to include perinatal and newborn deaths. Regular monitoring of the functionality of MPDSR systems is necessary to ensure its usefulness.

This joint workshop is the second joint workshop to build national capacity on MPDSR. The first workshop was held in May 2016 with a focus on strengthening integration of MPDSR into pre-service training. Nine countries (Ethiopia, Kenya, Uganda, Tanzania, Malawi, Mozambique, South Sudan, Zambia and Zimbabwe) participated in the first workshop. Following the first workshop, most participants were able to introduce MDSR into the pre-service trainings of their countries, many participants become MDSR trainers and facilitators, and many of them have made significant contribution to the refinement of the MDSR approach, and some conducted south-to-south learning exchange. This workshop will discuss progress made since the last workshop.

Effective implementation and use of MPDSR in Africa varies significantly by countries. Also, most countries are facing challenges in: transitioning from MDSR to MPDSR; implementing community based MPDSR, especially identification of maternal and perinatal deaths at community level; integrating MPDSR with Integrated Diseases Surveillance and Response (IDSR) processes for timely notification and reporting of maternal and neonatal deaths; making MPDSR committees fully functional; legal and ethical issues around MPDSR; quality and timeliness of maternal and perinatal deaths reviews; preparation and dissemination of MPDSR reports, and timely implementation of recommendations of the MPDSR reports; and, creating MPDSR Centres of Excellence.

The proposed workshop will provide a forum for countries to: learn from each other; share tested tools and guidelines; and, get updates from global and regional experts. The first two days of the workshop will focus on MPDSR data analysis and report preparation. The last three days of the workshop will focus on sharing lessons on effective implementation and use of MPDSR.

Objectives

1. To enhance country team's knowledge and skill for improving coverage, quality and use of MPDSR
2. To enhance country team's capacity on data analysis pertaining to MPDSR
3. To update country teams on: Making Every Baby Count guidance on perinatal death surveillance and response; International Classification of Diseases for Maternal Mortality (ICD MM); and, International Classification of Diseases for Perinatal Mortality (ICD PM)
4. To disseminate findings of the MPDSR stocktaking report produced by WHO Africa Regional Office
5. To update recent data on the status of MPDSR in East and Southern Africa region
6. To strengthen the regional joint collaboration among H6 partners (UNFPA, UNICEF, UN Women, WHO, UNAIDS and the World Bank Group)

Outputs

Immediate outputs of this workshop will be:

- An evaluation report of the workshop that indicates that over 90% of the country teams feel confident to share the knowledge gained during the workshop with their respective MPDSR Technical Working Groups (TWGs) and other national and sub-national decision making forums.
- A workshop report with actionable country-specific recommendations for improving quality, coverage and use of MPDSR.
- Brief summary report on progress made on MPDSR since the last joint workshop in 2016.

Outcomes

- Shared understanding of participating country teams on progress made on improving the coverage, quality and use of MPDSR;
- Gaps, challenges and lessons learned in implementing MPDSR identified and country specific actions agreed;
- Successful approaches for strengthening coverage, quality and use of MPDSR shared by country teams;
- Priority actions for 2019-2020 to address the identified challenges discussed and agreed;
- Country teams are better equipped with latest WHO technical guidelines pertaining to MPDSR.

Methodology

The workshop will be conducted in two phases:

Phase 1 (November 19-20, 2018) – A two-day Technical data analysis and report writing workshop for 5 countries. A maximum of 20 participants will be selected for this phase.

Phase 2 (November 21-23, 2018) – A three-day Knowledge sharing and Action Plan preparation workshop on MPDSR. 24 countries are likely to participate in this phase.

In view of the challenges articulated by countries in implementing MPDSR, the following topics will be covered during the Phase 2 of the workshop:

Global Context: Role of MPDSR in the context of evolving global health architecture; Progress made since 2016; and, Opportunities, challenges and lessons learned around the globe

Technical sessions

SESSION 1: Classification of causes of perinatal death (ICD PM)

SESSION 2: Linking MPDSR with Civil Registration and Vital Statistics

SESSION 3: Facility Based MPDSR including discussion on Near miss review

SESSION 4: Community MPDSR

SESSION 5: WHO M&E guide (technical update, country example, adherence to national guideline)

SESSION 6: Orientation session on MPDSR data, analysis and standardized reporting (it will be provided by Pretoria University).

SESSION 7: Linking MPDSR with IDSR for more efficient notification and reporting

SESSION 8: Overview of International Classification of Diseases for Maternal Health (ICD MM)

SESSION 9: Compiling a MPDSR report

SESSION 10: Strengthening response to MPDSR for improving its coverage, quality and use

SESSION 11: Enhancing quality and review of notified maternal and perinatal deaths, mechanisms to transform recommendations into actions and tracking implementation of response.

SESSION 12: Instituting MPDSR at Regional Centre of excellence

SESSION 13: Quality of care including how to enhance Respectful Maternity Care including presentation of results of QoC survey in WCARO

Market place

- MPDSR National guidelines, Training materials, reports
- Innovations for improving coverage, quality and use of MPDSR

Parallel session

- Midwifery-led MPDSR
- EmONC network monitoring and MPDSR
- Proven MPDSR training materials

H6 evening session

- To further enhance joined-up working

Overall this workshop will use various methods including: Plenary presentations and discussions, sharing of country experiences, group work sessions and a market place to achieve its objectives. The workshop will be evaluated by using pre and post workshop questionnaires.

Criteria for selection of countries and participants

Phase 1 (November 19 – 20): MPDSR data analysis report preparation training by Pretoria University

The following criteria have been used for selecting countries for the data analysis and report preparation training:

1. Countries that have started issuing annual MPDSR report
2. Countries that indicate interest in scaling it up
3. Countries under Quality of Care network

A total of 20 participants from 6 countries (*Ethiopia - 4, Kenya - 4, Malawi - 4, Namibia - 2, South Africa - 1, Uganda - 4*) will be invited for the 1st phase of the workshop.

Composition of country delegates will include Health Management Information System focal person, M&E, MPDSR/IDSR focal person, health facility staff engaged in MPDSR, and, experts from WHO, UNFPA and UNICEF.

Phase 2 (November 21-23): MPDSR Knowledge sharing and capacity building workshop

The following criteria will be used to select countries for this phase of the workshop:

1. Countries that started implementing perinatal death notification
2. Countries that can show examples of good quality MPDSR processes as per the set standard (it could be at health facility or sub-national or national level)
3. Countries that are under the quality improvement network (5 countries)
4. Small countries currently not covered under the quality improvement network.
5. Due attention will be paid to ensure representation from the Southern region, Eastern region and Indian Ocean Islands

A total of 152 participants from 32 countries (*Angola, Benin, Botswana, Burkina Faso, Burundi, Cameroun, Chad, Congo Brazaville, Cote D'Ivoire, DRC, Eswatini, Ethiopia, Ghana, Guinea, Kenya, Liberia, Madagascar, Malawi, Mozambique, Namibia, Niger, Nigeria, Rwanda, Senegal, Sierra Leone, South Africa, South Sudan, Tanzania, Togo, Uganda, Zambia, Zimbabwe*) will be invited for the 2nd phase of the workshop.

Composition of delegates will include ministry of health focal person for maternal health and/or MPDSR, staff from a health facility implementing MPDSR with potential for being a centre of excellence, one partner/NPO per country per agency (WHO, UNICEF, UNFPA) responsible for MPDSR.

Facilitators

Up to 13 facilitators to be drawn from WHO, UNICEF and UNFPA. Expected break-up is provided below:

- WHO HQ (3) , WHO Afro (1) , WHO CST ESA region (1)
- UNICEF HQ (1-2) , UNICEF ESA regional office (1) , UNFPA HQ (1-2)
- UNFPA ESA regional office (2) , UNFPA Bangladesh office (1)

Expected number of Participants

Overall, between 130 and 160 participants from 32 countries are likely to attend the second phase of this workshop.

Date

19 -23 November 2018

Venue

Johannesburg, South Africa – Holiday Inn Johannesburg Airport

Address

100 North Rand Road, Bardene, Boksburg East Rand, Johannesburg, South Africa

Website <https://www.ihg.com/holidayinn/hotels/us/en/johannesburg/jnbja/hoteldetail>

Agenda

To be shared. It is being finalized in consultation with H6 partners and selected county teams but the session plan is discussed in the methodology section of his concept note.

End Notes: The first phase of the workshop will cover:

MaMMAS - a Maternal Mortality and Morbidity Audit System. Countries such as UK and South Africa have used it for a long time. MaMMAS was originally designed for use in South Africa, but has been adapted to the circumstances of each country that uses it. MaMMAS systems implemented by various countries are similar and not complicated hence comparable tables can be generated between countries. MaMMAS is also useful to respect confidentiality. The MaMMAS audit system data/program only allows access to a few designated people in the country. Therefore, each MaMMAS program is specific for that country for ensuring confidentiality. MaMMAS is also useful to keep standard of data analysis for comparability over time. Its data analysis function generates standard result tables automatically and provides information on distribution of maternal deaths (place, level of care, age, parity, etc), the causes of death, and avoidable factors.

PPIP V3 - the Perinatal Problem Identification Program version 3. It is a tool to make perinatal and maternal death audit easier. PPIP V3 can be freely downloaded from <https://www.ppip.co.za/ppip-downloads/>. It provides simple analysis on monthly death, causes of death and avoidable factor.

DHIS 2 - District Health Information Software version 2 can analyze and present data on maternal and perinatal deaths. DHIS 2 can be linked to online HMIS systems to triangulate and share data.