

Maternal and Child Health Strategic Approach – Europe and Eurasia

Objectives

By 2013, in Azerbaijan, the only “MCH Priority Country in E&E,” USAID will help improve the quality of reproductive, antenatal, and child health services with an aim to contribute to the following global goals:

- Decrease U5MR by 25 percent
- Decrease MMR by 25 percent
- Increase the number of GDA partnerships focused on MCH

MCH Priority Country
AZERBAIJAN

Note: USAID’s MCH activities and programs in other countries of the Europe and Eurasia Region are supported by funds from accounts other than the CSH MCH account. These strategic considerations and approaches apply to those other country programs as well.

Problem statement

Health indicators for women and children have not paralleled the positive economic progress made by many countries in Europe and Eurasia (E&E). Under-5 mortality rates are unacceptably high, and regionally, remain over 10 times higher than the EU average. While the majority of births take place in a medical facility with trained attendants, most infant deaths in the regions still take place during the first 6 days after birth. More effective newborn care techniques, including simple practices such as immediate breastfeeding, skin-to-skin contact, and “rooming in,” could address such problems as hypothermia, which in some E&E countries accounts for more than 60 percent of infant mortality. In Eurasia, the majority of deaths before 5 years occur during the neonatal and infant periods.

Breastfeeding rates in E&E are below WHO’s recommended levels, with a resulting deleterious effect on

infant nutritional intake. Continuous breastfeeding, in addition to contributing to improved child nutritional status, increases birth spacing and leads to a reduction in unplanned pregnancies (and therefore abortions). Iodine deficiency disorders, which can contribute to mental retardation in children, are also a concern in the region. Only approximately 52 percent of households use iodized salt.

The opportunity to reduce MMR through simple interventions also exists in the E&E region. Postpartum hemorrhage remains a significant risk. By focusing on basic obstetric practices in hospitals and other health facilities, maternal and infant mortality could be dramatically improved.

What has been accomplished to date

Investing in mothers and children in E&E has proven critical to the future of the region and demonstrates enormous returns. The most pressing maternal and child health problems are largely preventable – the solutions well-known, and there is a relatively high capacity for implementation and efficient replication. With relatively minimal investment, high-impact interventions can be introduced that contribute to a reduction in overall MCH mortality and morbidity. Additionally, the same solutions that address MCH have also introduced concepts of integrating services, a goal of health care reform throughout post-Soviet countries. Political will exists in many E&E countries for supporting and potentially co-financing MCH interventions. Government officials frequently cite MCH as a top priority in health.

MCH interventions pose an important opportunity in E&E to reduce abortion and improve maternal health by integrating family planning counseling and services into postabortion care, postpartum visits, and child immunization services. Studies show that these are low-cost and high-impact interventions that can reach women at times when they are particularly open to behavior change messages around modern contraceptive use.

Given the foundation of political interest and infrastructure, USAID can now assist in identifying and addressing MCH gaps, constraints, and major unmet

needs. In this region, USAID is now poised to leverage significant country and other donor resources through policies and technical assistance to promote the expansion of high-impact interventions linked with health system strengthening that will support countries in achieving and maintaining critical MCH outcomes.

Challenges

- Regionally, health systems have been slow to decentralize, adopt modern technologies, and integrate service delivery.
- In several countries, lack of political will has also resulted in persistent or even growing corruption in the health sector.
- Particularly troubling are recent indications of backsliding in the region, based on U5MR and falling immunization levels.
- Though the vast majority of births occur in a health facility, the over-medicalization of pregnancy, including the overuse of C-sections and unnecessary medications, presents one of the greatest threats to safe pregnancy in the region.

Strategies

The MCH strategic approach in E&E will focus on the countries that show the slowest progress, measured primarily by U5MR. Programming will focus on:

- Programming through GDA partnerships in order to leverage additional resources and technical assistance, and to promote sustainability
- Introducing more effective newborn care techniques to address preventable fatalities due to such simple threats as hypothermia and malnutrition
- Targeted training of health care providers to promote the adoption of modern best practices in reproductive health
- Antenatal care, newborn care, treatment of postpartum hemorrhage, postabortion care and emergency obstetric care within integrated MCH services
- Child health programs including vaccine delivery
- Multichannel breastfeeding promotion and support, and introduction of nutrition programs as part of other MCH activities
- Family planning counseling and services integrated into postabortion care visits, postpartum visits, and child immunization visits