



Summary

In collaboration with the Departments of Reproductive Health and Research and Making Pregnancy Safer/WHO-HQ, the WHO Regional Office for the South-East Asia (SEARO) organized the Joint Planning Meeting for MPS/RHR Focal Points from 9-10 July 2009 at SEARO, New Delhi. The meeting was scheduled back-to-back after the Regional Consultation on Postnatal Care and Prevention and Treatment of Postpartum Hemorrhage (6-8 July 2009), thus providing an opportunity for the WHO focal points to clarify technical and programmatic issues in these particular subjects.

This annual event aimed at streamlining close collaboration and effective programme planning and monitoring across the Organization's country, regional and global levels. Participants shared achievements and lessons learned from the implementation of the 2008-2009 work plans in the areas of MPS and RHR; agreed on joint activities and coordinated efforts for effective implementation of the 2010-2011 work plans. Along with this, MPS/RHR Focal Points had interactive sessions with SEARO concerned technical units on planning and resource mobilization issues.

Introduction

WHO is committed to assisting the countries in the concerted efforts to achieving Millennium Development Goal (MDG) 5 through actions in the areas of reproductive health (RH), particularly maternal and newborn health (MNH). There are stark inter-country differences in the Region in relation to the progress towards achievement of the MDG 5. Many South-East Asia (SEA) countries continue to struggle with high burden of reproductive morbidities and mortalities. Home to about a quarter of the global population, the Region accounts for approximately a third of the global maternal and neonatal deaths. About 37% of the unsafe abortions in the world happen in the Region.

As guided by the Regional Director, revitalizing maternal, newborn and child health care in the context of the Primary Health Care (PHC) is one of the regional WHO priorities. Delivery of timely, safe, affordable, and high-quality range of RH services remains a major challenge, as proportion of deliveries attended by skilled health personnel is still less than 50% in five member countries in 2007. The substandard

quality of available MNH care oftentimes hinders its utilization. There are also issues of manpower, poor logistics and inadequate supply of essential RH commodities, gaps in referral care and inequalities of access to care that require special attention. Thus, addressing those gaps require strengthening health systems to deliver quality RH, including MNH services. These efforts are in line with the Regional Six-Point Strategy for Health Systems Strengthening based on the PHC approach.

The WHO 2008-2009 work plans are entering the final months in their implementation. The work plans for the 2010-2011 are being developed and activities are prioritized at all levels of the organization. The Global Management System (GSM) has been in place in HQ and in WPRO Region since early 2009, while country and regional offices of WHO SEA are undergoing the preparatory steps to welcome the GSM roll out starting from January 2010. These and other issues have been discussed during the Joint Planning Meeting for the MPS/RH Focal Points.

Objectives

The main objective of the meeting was to optimize collaboration of HQ-RO-COs (Headquarters-Regional Office-Country Offices) in implementing activities in the MPS and RHR area of work. The specific objectives were: 1) to have a consensus on accelerating the implementation of the current 2008-2009 work plans and plans for 2010-2011 and 2) to have technical updates on key issues of MNH and RH.

Highlights of the Meeting

Programmatic Issues

The meeting started with an overview of key programmatic issues in RHR and MPS areas at the global, regional and country levels. Dr Katherine Ba-Thike (RHR Department/HQ) and Dr Mathews Mathai (MPS Department/HQ) summarised global challenges in RH and MNH and presented recent initiatives for accelerating the achievement of MDG5. It was well recognized that maternal mortality is the slowest moving target of all the Millennium Development Goals.

The following challenges to progress were stated:

- Elements of sexual and reproductive health continue to be sensitive.
- Varying levels of access to formal health care in many settings.

- Use of research evidence for policy formulation and programme strengthening remains weak.
- Optimal ways of linking (or integrating as appropriate) sexual and reproductive health and HIV/AIDS (or other) services not explored.
- Budget for health sector is often limited.
- No clear commitment to sustainable funding of essential RH commodities.
- Investments in research for improving health inadequate.

The four agencies have been working on after the statement signed by the three head of UN agencies and the vice-president of the World Bank (WB) on the Joint Country Support for Accelerated Implementation of Maternal and Newborn Care. For short, this initiative is referred as “UN H4 Initiative”. This initiative followed a Joint Statement on Maternal and Newborn Health by WHO, UNFPA, UNICEF and the WB on 25 September 2008. The UN H4 collaboration builds on comparative advantage and collective strength in RH/MNH of each agency; as well as the existing collaboration at the regional and country levels across the agencies, i.e. ongoing UN harmonization processes and new opportunities derived from aid effectiveness frameworks, such as the Investment Case for Asia and the Pacific.

The Initiative targets 60 countries with high maternal mortality, initially concentrating on the 25 UN highest priority countries, which includes Nepal, Bangladesh and India in the South-East Asia Region. There are seven agreed programme components under the scope of the H4 Initiative:

1. Support **needs assessments** to identify constraints to improving RH/MNH in countries and ensure that health plans are MDG-driven and performance-based.
2. **Develop and cost national plans** and rapidly mobilize required resources.
3. Scale up **quality health services** to ensure universal access to RH (4 pillars).
4. Address the urgent need for **skilled health workers**, particularly midwives and other related cadre of personnel for human resource management, including supervision.
5. Address **financial barriers to access**, especially for the poorest.
6. Tackle the **root causes of maternal mortality/morbidity**, i.e. gender inequality, low access to education (especially for girls), child marriage and adolescent pregnancy.
7. Strengthen **monitoring and evaluation systems**.

Next, Dr Akjemal Magtymova of SEARO presented regional programmatic issues in RH and MNH areas. All countries in the Region have shown a significant decline in total fertility rate (TFR) during the period of 1975-2005, except for Timor-Leste, which has the highest TFR in the world (7.8). Despite a significant decline achieved during the last three decades, six countries in the Region had a TFR higher than a global average of 2.6 in 2005: Bangladesh (3.2), Bhutan (4.4), India (3.1), Maldives (4.3), Nepal (3.7) and Timor-Leste. The percentage of married women using modern contraception in the SEA countries in early 2000 ranged from a low of less than 10% in Timor Leste to as high as 79% in Thailand. Overall over the last decades there are increasing trends in the percentage of married women using modern contraception in the Region.

The proportion of births assisted by skilled attendant in 2003 were less than 50% in NEP, BAN, BHU, TLS and IND, with maternal mortality ratio as high as 400-750 per 100,000 live births. Most South-Asian countries are having problem with access to community-based skilled attendant, because of limited number and skills of MNH providers at community level. Percentage of births to women under age 20 from 1975 to 2005 is decreasing slowly in many countries, while in Timor Leste it shows a significant increase. Adolescent pregnancy still is a problem which needs adequate programmatic response. Summing up, Dr Akjemal concluded that countries had made enormous efforts to improve access to RH, especially in MNH, FP, RTIs/STIs, preventing unsafe abortion; however the maternal and newborn ill-health and mortality remains a high burden.

Dr Ling Aung, Monitoring and Evaluation Officer, SEARO presented a review of the implementation of work plans for Programme Budget (PB) 2008-2009. Overall SEARO programme performance is characterized by the increase in budget (by 51%), resources (16%) and expenditure (4%). The goal is full and quality implementation of the recourses by 31 December 2009. The Global Management System (GSM) is due to roll-out in SEAR on 1 January 2010. It is anticipated that the programme implementation will be impacted by changes in processes during the transition period and a foreshortened period for implementation of 2008-2009. He listed the following key issues and challenges:

- There is an increasing reliance in the Region on Voluntary Contribution (VC) to finance health programmes. VC funds typically lack predictability, they are targeted to address specific health concerns prescribed by the donor and are not necessarily

driven by the WHO budget. The implementation of VC funds involves a much more complex managerial and administrative process, however, most VC lack adequate funding to cover these additional managerial and administrative costs.

- Mobilizing resources for projects in several Member States of the SEA Region is proving difficult, thereby contributing to disparities and distortions in the distribution of resources among Member States and programme areas.
- The implementation capacity of programmes in the Region varies significantly, both in their capacity to be resourced and capacity to spend. Efforts to enhance the implementation capacity are required.

In the development of the PB 2010-2011, SEARO emphasizes the role of the country offices. Starting in April 2008, each country developed strategic plan and proposed budget for 2010-2011 based on the Country Cooperation Strategy (CCS) and country consultations with MOH. The proposed budgets were compiled in Regional Office for discussions at high level meetings, i.e. 61st Regional Committee in 2008 and submitted to Headquarters for discussions at 124th Executive Board Meeting in 2009.

The Director General's proposed budget was approved by 62nd World Health Assembly in May 2009, which included a 10% reduction compared to 2008-2009. The reduction is offset, among others, by increase in crises. Director General asked the regions not to reduce budgets for various programmes, including maternal, neonatal, child, adolescent, reproductive health (SO4) and nutrition (SO9). The largest reductions were under Immunization/SO1 (\$32 million), HIV/SO2 (\$22.5 m) and Health Systems/SO10 (\$10.7 m) budgets.

In 2010-2011, the country offices and RO should consider scaling up WHO work in SO4 and SO9 by increasing resource mobilization to increase VC funding. Steps will be taken to ensure that reduced budgets will not affect support for work in SO1 and SO2. Flexible processes for budget changes are in place to deal with unforeseen events such as the financial crisis, emergencies or pandemics. Concluding, Dr Lin Aung briefed on the planning timeline for WHO SEA country and the regional offices as follows:

- Draft country workplans to be submitted by 7 July 2009 for review by RO.
- Peer review meeting of the 2010-2011 workplans in August 2009.
- Revised workplans will be submitted to the Regional Committee in September 2009.

- Workplans will be finalized and approved by the end of October 2009 for early implementation in new Global Management System.

Mr Pak Cham Rim, Regional Advisor on Resource Mobilization and Donor Coordination commended the fact that the representatives from all three layers of organization (HQ-RO and CO) gathered together for planning and coordination. He emphasized the increasing role of VC in programme budgets and hence the importance of resource mobilization across at all levels of the organization. He mentioned that the country offices were relatively more successful in mobilization resources while the efforts for resource mobilization for the RO are on-going and yet to result in investments. At the planning stage the VC planned budget should reflect best estimations or based on prior anticipated commitments based on contacts and discussions with donors.

Discussion points:

The following were key discussion points during the Session:

- GSM includes technical monitoring modules for entering technical details.
- Organization-wide, the SO4 consolidation report should state leveraging and catalytic role of WHO, which is not limited to only financial, but technical accountability for the results.
- RHR/WHO-HQ was requested to conduct a workshop on national research capacity building for SEAR in November 2009. To avoid GSM implications, HQ will out-source the organization as well as per diem payments.

Implementation of 2008-2009 Work Plans

Presentations by the MPS/RHR focal points of DPR Korea, India, Indonesia, Nepal, Sri Lanka and Timor-Leste country offices on the workplans 2008-09 reflected achievements, implementation status, challenges, and areas for further collaboration and support in the MPS/RHR areas. Along with the achievements in the areas of MNH, Dr Arvind Mathur of DPR Korea Country Office highlighted the large needs for infrastructure strengthening in the country and delays in procurement supported within the WHO programme. Prioritization of VC funded activities over assessed contribution (AC) poses a challenge in view of limited number of staff seconded from the Ministry of Public Health. With only four international staff, who can be assigned functional roles in

the GSM, the GSM role out might prove to be challenging for day-to-day implementation in the DPR Korea Country Office.

Dr Sunanda Gupta of India Country Office provided a detailed account of the WHO activities supported in 2008-2009 by the Office, i.e.: i) revision of skilled birth attendant (SBA) guidelines and training package, ii) development of teaching/learning aids, treatment protocols and IEC materials for SBA; iii) development of national guidelines on maternal death reviews, iv) establishment of quality assurance mechanism for Emergency Obstetric Care (EmOC) training, v) development of accreditation guidelines for private sector for reproductive and child health services and safe abortion guidelines; vi) review/amendment of Medical Termination of Pregnancy Act, RTI/STI training package, vii) dissemination of Family Planning (FP) guidelines and adaptation of Medical Eligibility Criteria Wheel to Indian FP standards.

Dr Anoma Jayathilaka of Sri Lanka Country Office briefed the participants on the development of MNH strategic plan for the period of 2009-2013 as a follow-up to the recommendation of the external MNH Programme Review. Other achievements include: i) pilot testing of a protocol on investigation of near miss enquiry in institutional settings; ii) pilot study on improvement of quality of care (MNH) at referral level hospitals, iii) development of standards on post-partum haemorrhage (PPH) and essential newborn care (ENC), and iv) introduction of evidence-based intervention package to reduce the deaths due to PPH in selected districts. WHO Sri Lanka also supported research on integration of RH and STI services (in progress), study of determinants of low birth weight and development of national birth curves. Sri Lanka was one of the four SEA countries having participated in the Global Survey on Maternal and Perinatal Health with support from RHR/WHO-HQ, besides Nepal, Thailand, and India.

Dr Vijaya Manandhar of Nepal Country Office listed the following key activities of the 2008-2009: i) strengthening maternal and perinatal death review (MPDR) through review meetings and advocacy and the establishment of web-based database; ii) a follow-up assessment of the Pregnancy, Childbirth, Postpartum and Newborn Care (PCPNC) guideline's implementation; iii) development of competency-based curriculum for pre-service midwifery teachers and strengthening capacity of doctors and nurses on ENC; iv) household mapping by community health volunteers in Lumjung District. The implementation guide on Adolescence Sexual and Reproductive Health for District Health Managers was translated into local language and support was provided to strengthen prevention and management of gender-based violence at Maternity Hospital.

VC funds were used for in-service SBA training and strengthening quality of Family Planning service through focused counseling at the community level using the Decision Making Tool (DMT). It was felt that MPDR was not well integrated as it was perceived as an additional task for health staff. One of the lessons is to start small: start with a peer review, extend it to the district, then to the national level, otherwise staff perceives the process as a fault-finding.

Ms Rustini Floranita of Indonesia Country Office highlighted the following results within the implementation framework of the 2008-2009 workplan: i) updated curriculum of pre-service midwifery education; ii) utilization of Human Rights Tools for RH; iii) adaptation of iHTP Costing Tool; iv) revision of the guidelines for health center to include basic emergency obstetric and neonatal care (BEONC), v) strengthened integrated RTI/STI sentinel through RH/MNH centers, vi) study on post-abortion care; vii) feasibility of the implementation of the syphilis rapid test using GTZ funds; viii) development of the guidelines on the elimination of congenital syphilis and the National Program of Action 2010-2020; ix) strengthening interventions, such as maternity waiting homes in remote areas (Eastern Indonesia); x) development of Integrated Antenatal Care guideline, a manual on Reproductive Health for the Disabled People and materials for pre-marital counseling.

Dr Telma De Oliveira of Timor-Leste Country Office mentioned the key results in the areas of: i) development of national strategy and guidelines, ii) capacity building and system strengthening, e.g. development of a curriculum for midwifery education, verbal autopsy tools, educational materials, capacity building of midwifery school teachers, iii) basic EmOC needs assessment in collaboration with UNFPA, iv) strengthening local area monitoring (LAM) for MNH and FP. Poor programme management and technical capacity at all levels, insufficient number of health staff and work overload remain a challenge.

Next, the results of the 2008-2009 performance of the Making Pregnancy Safer/Reproductive Health (MRH) Unit of SEARO were highlighted by Dr Akjema Magtymova under the following areas:

- Advocacy: i) high level consultation to accelerate the achievement of MDG 4 and 5 held in October 2008; ii) 61st Regional Committee on strengthening human resources for MNH; iii) Bi-regional Consultation on socio-cultural aspects of MNH.
- Policy/strategy: i) development of “A Framework for Implementing the WHO Global Reproductive Health Strategy in the South-East Asia Region”, which is an adaptation

of the Global Reproductive Health Strategy; ii) assisted in the review and development of the RH Strategic Plan in Myanmar.

- Programming and resource mobilization: i) annual planning meeting of MPS/RHR focal points, ii) Bi-regional Capacity Building Workshop for the Global Funds Proposal Writing (August 2008), iii) Regional Workshop on Strengthening Family Planning Programmes (September 2008).
- Quality of MNH/RH: i) regional meeting on quality improvement for referral level and service linkages (February 2008), ii) regional consultation on postnatal care and prevention and management of postpartum haemorrhage (July 2009), iii) support for strengthening MR services in Bangladesh.
- Addressing issues on human resource for MNH at primary care level: support to Bangladesh, Bhutan, India, Nepal, Timor-Leste in various areas, i.e.: training, review of pre-service curriculum and strengthening teaching lab, training of trainers of midwifery teachers and supervision.
- ENC: supported activities in Bhutan, DPR Korea, India, Myanmar and Nepal.
- Work on maternal death reviews and strengthening analysis was supported in Maldives, India, Nepal, Myanmar and Timor-Leste.
- Strengthening antenatal care and IEC component: i) supported country activities in Maldives and Indonesia; ii) introduction of WHO guidelines (Bi-regional Consultation on socio-cultural aspects of MNH in August 2009);
- Other reproductive morbidities: Cervical Cancer Prevention and Control – support to the national guidelines, strategies and training in Maldives, DPRK, Nepal and Bhutan.

There is an apparent financial gap with allocation (mobilized resources) of only 20% of planned VC budget in 2008-2009. This includes support from RHR and MPS Departments. Implementation status as of July 2009 is 90%.

Next, Dr Matthews Mathai of Making Pregnancy Safer (MPS) Department presented that in 2008-2009 the Department received support from 120 staff in 75 countries and regional offices and 20 staff at HQ. He summarised the performance of the Department under the following categories:

- Normative work: i) updating guidelines in collaboration with other departments on postnatal care, postpartum haemorrhage management, neonatal resuscitation, MCPC update and IMPAC review group, pregnancy and H1N1; ii) training (partograph e-learning tool, evaluation of short training course in MNH, ENC and

Counselling Handbook) and preparation of position papers on adolescent pregnancy and misoprostol use.

- Technical support: i) capacity building at regional and national level on MPS-iHTP (Indonesia), ii) Individual, family and community aspects of MNH (Bangladesh, Indonesia), iii) technical updates at joint planning meetings, iv) responding to ad hoc requests from ROs, COs and partners.
- Strengthening partnerships: i) working with HIV and Malaria units, ii) on birth defects registry, iii) through UN H4 Initiative, iv) on EmOC needs assessment, v) on essential medicines and devices for MNH, RH commodities, RH kits; and vi) with PMNCH (costing tools, interventions).
- Monitoring: i) establishment of the Collaborative on Quality Care for Pregnancy and Childbirth; ii) short programme review, iii) countdown meeting, iv) collaboration with Child and Adolescent Health Department in field testing of MCH channel survey.
- Other: i) workshops on programming for MNH; ii) contributing to work on estimates of effectiveness of maternal health interventions and costing tool development; iii) capacity building for developing GFATM funding proposals; iv) publications in peer reviewed journals; v) reviews of strategies and key documents; vi) joint review and planning meetings with ROs and COs.

Main challenges for the MPS Department were related to (a) constraints in the overall financial situation which affected all budget components (both staff salaries and activities), (b) slow progress in improving maternal health; (c) new global, regional initiatives and the role of WHO and its reflection in the 2010-2011 plans.

Next, Dr Katherine Ba-thike of Reproductive Health and Research (RHR) Department/HQ presented the global programmatic issues in the area of RH. She referred to the ICPD Programme of Action Para 7.6 as an overall objective: "All countries should strive to make accessible through the primary health-care systems, reproductive health to all individuals of appropriate ages as soon as possible and no later than the year 2015." The WHO Global Reproductive Health Strategy adopted by the WHO's 192 Member States in May 2004 provides strategic direction in key areas of RH.

Dr Katherine Ba-Thike briefed on the on-going activities undertaken by HRP (UNDP/UNFPA/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction) including: (a) the Global WHO Survey to study the relationship between mode of delivery and pregnancy outcomes worldwide; test an on-line data management system for large-scale studies and to provide up-to-

date data on care during childbirth and (b) Multi-country Study on Maternal and Perinatal Health to study the worldwide incidence of major maternal complications, maternal near miss and preterm birth, and explore the quality of care through process indicators and the maternal near miss concept.

There are two new additional WHO evidence-based guidelines, namely: the WHO Recommendations for Postpartum Haemorrhage and Retained Placenta Management. Three of the four cornerstones of WHO's evidence-based guidance for FP were updated/finalized in 2008. These are: *Medical Eligibility Criteria for Contraceptive Use*, *Selected Practice Recommendations for Contraceptive Use* and *Family Planning: a Global Handbook for Providers*. In order to strengthen the linkages between FP and HIV services to enhance access a new module for integrating provider-initiated testing and counselling into FP services and a counselling tool for integrating FP into HIV services was developed for evaluation and testing in Summer 2009.

All six WHO Regions are engaged in activities on region-specific policies and strategies for the prevention of cervical cancer and introduction of HPV vaccines. Activities on prevention of unsafe abortion and post-abortion care include generating scientifically sound evidence on the prevalence of abortion and mortality related to unsafe abortion, identifying programmatic interventions and research to improve methods of safe abortion and promote quality of care. Feasible support was provided to the on-going Netherlands-funded initiative in Bangladesh on strengthening National Menstrual Regulation Programme with technical support from both SEARO and RHR Department of WHO/HQ.

The Department is also focusing on the development of technical and managerial tools and advocacy materials to also address the unique sexual and reproductive health needs of adolescents. It was emphasized that HRP is committed to research capacity strengthening in addition to the research and development activities. Interested countries may apply for the following HRP grants for the research capacity building: Long-term Institutional Development (LID) grant; Resource Maintenance and Capital (RMC) grant and Small Supplies grant (SSG).

Dr Katherine Ba-Thike briefed on the national-level monitoring of progress on universal access to RH and a handbook of EmOC indicators, which are the tools for measuring progress towards MDG 5 and reference for the UN H4 Initiative, as well as

Joint UNFPA/WHO Country Office Capacity Building Project involves 28 country offices over 2009-2010 and will be evaluated in 2011.

Development of 2010-2011 Work Plans

DPR Korea: plans to continue and sustain its support within the multi-year framework to improve maternal and children health. The recent initiatives such as screening of cervical cancer, strengthening safe abortion services, increasing awareness and enhancing capacity of health care providers to manage menopausal syndrome, as well as building awareness and capacity for early diagnosis of breast cancer and prevention and management of RTI/STIs will need to be supported over the next biennium. It was noted that there were common areas of work under different SOs and there are shared resources. SO 5 is a channel of funds for many areas of work including maternal and child health.

Nepal: the lack of a focal person at the central level, political instability and inadequate financial resources, especially in areas of ENC and midwifery training were stated as challenges in the programme implementation. Areas where further collaboration and support are required include ENC, pre-service midwifery training, cervical cancer, uterine prolapse, adolescent health and research in RH. WHO pays significant attention to pre-service training as in-service training gets sufficient funding from other agencies/donors while pre-service training remains under-funded.

India: the focus of the 2010-2011 workplan is on: i) accelerating SBA in-service and pre-service training and dissemination of SBA guidelines for different cadres of health workforce; ii) implementing quality assurance mechanism for competency-based training; iii) development of evidence-based guidelines and protocols and strengthening BCC; iv) supporting accreditation program in private sector to deliver quality services; v) capacity building of health workers in RH care delivery including skills in safe abortion procedures and RTI/STI management. Planned research activities include operational research on pregnancy and delivery care. It was pointed out that the establishment of a position (TNP contract) within the WHO CO for MNH/RH area was a crucial factor for ensuring effective coordination and program implementation.

Indonesia: the areas for further collaboration and support included: i) advocacy materials for allocations of resources to the area of MNCH at provincial and district level, ii) review of job aids and standards for maternal and reproductive health care, iii)

development of user friendly materials such as a pocket books; iv) review of the quality of maternal care at first referral hospital in MNH and initiating improvement of the quality of care; v) strengthening research network and capacity in the area of MNH/RH.

Sri Lanka: SEARO/HQ technical support for the implementation of the next bi-annual plan was requested for: i) the development/redesigning of ANC package, ii) revision of RH/MIS, iii) confidential enquiry on maternal death, iv) development a training package for intra-partum care, v) introduction of alternative methods of cervical cancer screening and pilot project on the implementation of VIA. Operations research receives due attention at Family Health Bureau, MoH and a dedicated position for the Operational Research Manager was established.

Timor-Leste: its workplan reflects: i) continued support for building management capacity of midwifery school teachers through training, ii) system strengthening through local area monitoring (LAM) for MNH and FP, iii) technical and financial support to strengthen vital registration, iv) adaptation of the WHO guide on maternal and perinatal death audits, v) strengthening recording and reporting system at facility and district level. It was noted that WHO/HQ will support Timor-Leste with the MPS/RHR guidelines published in Spanish to meet language requirements.

SEARO: an inter-mediate draft of the 2010-2011 Regional Workplan under MRH area was presented. The breakdown of RERs/OSERs/Products and Activities was listed under OWERs 1, 2, 3, 4 and 7 of SO4. The main areas of work remain focused on: i) strengthening country capacity in implementing strategies to ensure the achievement of skilled care for every birth and universal access to reproductive health; ii) strengthening institutional capacity in research networking in RH; iii) improved quality of MNH services in countries to achieve universal access to skilled care for birth; (iv) interventions for improving neonatal health; (v) improving quality of RH services and accelerating the achievement of universal access to RH.

Technical Updates and Issues in Planning and Implementation of Work Plans

The following MPS-related matters were discussed amongst the focal points:

- Each year, succinct information is required for the DG's technical briefing as part of the preparation for the WHA. It would be helpful if each country office maintains a summary bullet points to highlight the issues of technical and programmatic

importance and to have it updated, as necessary, on a 6-monthly basis. The briefings should be submitted by the end of April each year.

- Service availability mapping tool is in the process of development. It looks into availability of services and supplies in the facility. It is being piloted in Bhutan.
- Emergency Obstetric Care Needs Assessment handbook was launched on June 2009 in Addis Ababa.
- It was encouraged that advance copies and drafts of the MPS/RHR technical products were shared with countries as this would improve awareness, enable exchange of ideas and incorporation of inputs from the field during the development stage. One of the examples is a tool for an assessment of MNH programmes, which was being developed by the MPS Department – sharing a draft, before an authorized copy, to a limited circle of focal points could prove useful and timely.
- UN H4 Initiative requires collaboration between CO-RO-HQ and horizontal collaboration across the agencies. In some countries the latter needs strengthening.
- Communication: it was requested that MPS updates/newspaper clippings are to be more selective and country-need oriented. It would be useful to have monthly alerts with technical updates and links to the relevant websites. It was noted that the flow of top-town communication on technical updates is slow from HQ to ROs and COs, and oftentimes the WHO focal points end up receiving the technical update, generated within WHO, through the development partners as first-hand source. Policy level updates from MPS Director were commended as useful guides for the focal points on the overall direction of MPS Department and its vision.
- Child and Adolescent Health (CAH) Department of WHO/HQ jointly with UNICEF developed a course for community health workers on home care for the newborn. Concerns were expressed on harmonizing the guidelines on the newborn health developed by MPS and CAH Departments and how country programmes should be guided in this regard.
- Country focal points expressed the need to organize – either by the end of 2009 or early 2010 – a regional training on costing tools using an MCA as one of possible modalities. Sri Lanka was suggested as a venue.

The participants were briefed on the following updates from the RHR Department/HQ:

- ExpandNet/WHO Publications provides new publications on programme scaling up:

Scaling up Health Service Delivery, Nine Steps for Developing a Scaling up Strategy, and Practical Guidelines for Scaling up Health Service Innovations.

- Joint WHO-UNFPA Capacity Building of the Country Offices: activities started for the countries of the Western-Pacific Region. The country focal points expressed the need to see the possibility for SEARO.
- There are tools and publications for country-level adaptation related to planning and implementation of the Cervical Cancer Control programme. It is available at <http://www.who.int/cancer/> or <http://www.who.int/reproductive-health/> : i) *Comprehensive Cervical Cancer Control: A Guide to Essential Practice*, ii) *Planning and Implementing Cervical Cancer Prevention and Control Programs: A manual for managers*, iii) *Training tools: Colposcopy and Treatment of Cervical Intraepithelial Neoplasia: A Beginner's Manual*; iv) *Digital Uterine Cervix Histopathology and Cytopathology Atlas: A Practical Manual on Visual Screening for Cervical Neoplasia*. It was recognized that the strategies would be different depending on the country context, i.e. when using Pap smear with coverage of 75% or higher, there is need to ensure the programme to be effective. Strengthening lab services is important, as even with the use of the visual inspection with acetic acid (VIA) method, the lab is needed for further investigation of positive cases. Pathologists' pool is scarce in almost all countries of SEAR. Pressure for HPV vaccine is mounting in many countries of SEAR, e.g. health staff get training from pharmaceutical companies.
- STEP-wise Approach for STI risk factors was developed in collaboration with the Non-communicable Diseases (NCD) Department: Dr Lale Say, RHR Department/HQ to send the newly published modules. This could be followed up with the countries.
- RHR Department/HQ would be able to help build the capacity for research. RHR helped DPR Korea, as well as Bangladesh last year (by sending resources – persons and materials and attended international workshops).
- Investment Case for Congenital Syphilis Elimination: further steps and funding yet to be clarified.

Other issues discussed:

- The 2009 financial deadlines were noted: due to GSM roll-out implications for proposals funded by SEARO and HQ, any transfers should be completed before the 1st October and liquidated by 15th November 2009.

- The lack of guidance on definitions and the choice of workplan indicators and the lack of uniformity in indicators between HQ, RO and COs was noted. Indicators and the baselines are often chosen subjectively. To choose the process level indicators to detect the change attributed to the WHO programme only was the main challenge. It was anticipated that the GSM could be a platform to improve accountability and monitoring of workplan implementation.
- The growing reliance on the VC funding at all levels of the organization and the need for resource mobilization was discussed. It was argued that a successful resource mobilization requires constant investment of time and hence involves technical staff time. The administrative costs for a smaller or a larger grant may be the same. Strengthening country and regional offices capacity for resource mobilization was seen as a pivotal step in successful resource mobilization in the coming biennium.
- Each of country in the Region generates a lot of valuable experiences and lessons while adapting and implementing WHO guidelines. In this regard, SEARO was requested to collect the information and references from each country on the available guidelines and summarize the experiences from all 11 countries. An online compilation of those experiences with the access for all country focal points would be useful experiences to learn.

Conclusions and closing

In conclusion, the participants appreciated the fact that the two-day meeting was very productive with informal and very collegial format of the meeting. The following action points were agreed.

Headquarters

- To follow-up on the organization of the regional training on MPS costing tools (tentative time: end of 2009 or early 2010).
- To improve the communication of the newest technical updates, manuals or publications the country focal points requested that electronic alerts to be sent by MPS and RHR Departments/HQ at the earliest (through e-copy, advanced).
- RHR Department to explore a possibility of organizing Joint WHO-UNFPA Capacity Building of the country offices in SEAR.
- To share with ROs/COs STEP-wise approach for STI risk factors, EmOC Needs Assessment Handbook, and other recent publications.

- ROs and COs need to be included in the process of the development of new guidelines as much as possible (advanced copies to be shared when possible).

Country Offices

- To develop strong horizontal collaboration with the partner agencies to support the implementation of the UN H4 Initiative and work closely with other donors for mobilizing resources for the country priorities in the MPS/RHR area.
- A proposal for MCA to organize training on costing tools to be submitted by Sri Lanka WHO CO in consultation with the respective authorities, SEARO and MPS Department/HQ. Country offices will be informed accordingly on the dates.
- To maintain and keep updated a summary of the most-up-to-date technical and programmatic issues for the DG's technical briefing (due: end of April, annually)
- To complete financial transfers before the 1st October and to liquidate all obligations by 15th November 2009.

SEARO

- To develop an online compilation of country experiences on the adaptation and implementation of the WHO guidelines.
- To strengthen regional and assist country offices capacity building for resource mobilization.

Annex 1

PROGRAMME

Thu, 9 Jul 2009	Subject	Facilitator/Speaker	
08:30 – 08:40	Opening, objectives of the Meeting and Tentative Programme	Dr Akjema! Magtymova on behalf of Dr Ardi Kaptiningsih	
08:40 – 09:00	Global key programmatic issues in RHR areas	Dr Katehrine Ba-thike	
09:00 – 09:20	Global key programmatic issues in MNH	Dr Matthews Mathai	
09:20 – 09:35	Regional programmatic issues in RH and MNH	Dr Akjema! Magtymova	
09:35 – 10:00	Issues related to the Implementation of Work Plan 2008-2009 and Preparation of Work Plan 2010-2011	Dr Lin Aung	
10:00 – 10:30	Discussion		
10:30 – 10:45	Tea/Coffee break		
10:45 – 11:00	Theme I: Review and Implementation of Work Plan 2008-2009 in MPS/RHR - Achievements, implementation status, challenges, areas for further collaboration and support <ul style="list-style-type: none"> • DPR Korea • India • Indonesia 	Country MPS/RHR Focal Points	
11:00 – 11:15			
11:15 – 11:30			
11:30 – 12:00			Discussion
12:00 – 12:15			• Nepal
12:15 – 12:30			• Sri Lanka
12:30 – 13:30	Lunch		
13:30 – 13:45	• Timor-Leste	Dr Akjema! Magtymova	
13:45 – 14:15	Discussion		
14:15 – 14:30	RO: 2008-2009 Achievements, implementation status, challenges, areas for further collaboration		
14:30 – 14:45	MPS Dept/HQ : 2008-2009 Achievements, challenges, areas for further collaboration		Dr Matthews Mathai
14:45 – 15:00	RHR Dept/HQ : 2008-2009 Achievements, challenges, areas for further collaboration		Dr Katherine Ba-Thike
15:15 – 15:30	Discussion		
15:30 – 16:00	Tea/Coffee		
16:00 – 16:10	Theme II: Work Plan 2010-2011 <ul style="list-style-type: none"> • Timor-Leste • Sri Lanka • Nepal 	Country MPS/RHR Focal Points	
16:10 – 16:20			
16:20 – 16:30			
16:30 – 17:00			Discussion
Fri, 10 Jul 2009	Subject	Facilitator/Speaker	
08:30 – 08:40	• Indonesia	Country MPS/RHR Focal Points	
08:40 – 08:50	• India		
08:50 – 09:00	• DPR Korea		
09:00 – 09:30	Discussion		
09:30 – 09:40	RO Work Plan 2010-2011		Dr Akjema! Magtymova
09:40 – 09:50	MPS Dept/HQ Work Plan 2010-2011		Dr Matthews Mathai
09:50 – 10:00	RHR Dept/HQ Work Plan 2010-2011	Dr Katherine Ba-Thike	
10:00 – 10:30	Tea/Coffee break		
10:30 – 11:30	Plenary discussion on key issues in planning and implementing Work Plan: <ul style="list-style-type: none"> • Resource mobilization • Future plan in accelerating implementation of Work Plan and its monitoring 	All participants	
11:30 – 12:00	Technical inputs from RHR Department/HQ	Dr Katherine Ba-Thike	
12:00 – 12:30	Technical updates from MPS Dept/HQ	Dr Matthews Mathai	
12:30 – 13:30	Lunch		
13:30 – 14:00	Up coming meetings and other matters raised by Country Focal Points	All participants	
14:00 – 14:30	Next steps, conclusion and recommendations		
	Closing		
14:30 – 15:30	Tea/Coffee		

LIST OF PARTICIPANTS**WHO COUNTRY OFFICE**

1. Dr Arvind Mathur
Medical Officer, Family and Community Health
WHO DPR Korea
Munsundong, Pyongyang
Tel: 850-2 381 7914
GPN: 23604
Fax: 850-2-381 7916
Email: mathura@searo.who.int

2. Dr Sunanda Gupta
National Consultant (MPS-RH)
WHO India Office
Email: Guptasun@searo.who.int

3. Mrs Rustini Floranita
NPO-MPS
9th Floor, Bina Mulia 1 Building
Jl. HR Rasuna Said Kav 10
Jakarta Selatan
Tel: 00 62 21 520 1165
Email: floranmarita@who.or.id

4. Dr Vijaya Manandhar
NOO-MPS/RH
UN House, Pulchowk, Lalitpur
Kathmandu, Nepal
Tel: 00-977-1-5523 993
Fax: 00-977-1-5527 756
Email: manandharv@who.org.np

5. Dr Anoma Jayathilaka
NPO-MPS/RHR/CHD/WMH
WHO Sri Lanka Office
No. 226, Bauddhaloka Mawatha
Colombo 7
Tel:+9411 2502 319, 2502 842, 2503 404
Email: anomaj@whosrilanka.org

6. Dr Telma JC De Oliveira
NPO-RH and IMCI
WHO Timor-Leste Office
UN House, Caicoli Street
Dili
Tel: 001-212-9630099 (2023)
E-mail: telma_cortereal@yahoo.com
telma.whodili@searo.who.int

WHO HEADQUARTERS

7. Dr Katherine Ba-Thike
Area Manager, Asia and the Pacific
Reproductive Health and Research Department
X Building, Geneva
Email: bathikek@who.int

8. Dr Matthews Mathai
Medical Officer

Making Pregnancy Safer Department
X Building, Geneva
Tel: 00 41 22 791 2111 ext 13210/13496
Fax: 00 41 22 791 3111
Email: mathaim@who.int

9. Dr Lale Say
Medical Officer
Reproductive Health and Research Department
X Building, Geneva
Email: sayl@who.int

WHO/SEARO

10. Dr Dini Latief
Director
Department of Family Health and Research
IP Estate, Mahatma Gandhi Marg
New Delhi 110002
Tel: 00 91 11 2337 0804, ext. 26320
Fax: 00 91 11 2337 8510
Email: latiefd@searo.who.int

11. Dr Lin Aung
Monitoring and Evaluation Officer
World Health House
IP Estate, M Gandhi Marg
New Delhi 110002
Tel: 00 91 11 2337 0804 Extn: 26333
Fax: 00 91 11 2337 8510
Email: linaung@searo.who.int

12. Dr Akjermal Magtymova
MO-MPS
World Health House
IP Estate, M Gandhi Marg
New Delhi 110002
Tel: 00 91 11 2337 0804 Extn: 26441
Fax: 00 91 11 2337 8510
Email: magtymova@searo.who.int