



ORGANIZAÇÃO MUNDIAL DE SAÚDE
ESCRITÓRIO REGIONAL AFRICANO

REGIONAL COMMITTEE FOR AFRICA

AFR/RC53/16b
4 September 2003

Fifty-third session

Johannesburg, South Africa, 1–5 September 2003

ORIGINAL: ENGLISH

Provisional agenda item 11.2

REPORT OF ROUND TABLE 2

Safe motherhood: Improving access to emergency obstetric care

INTRODUCTION

1. The Round Table discussion on *Safe motherhood: Improving access to emergency obstetric care* was held 4 September 2003. The objective of the Round Table was to identify the key actions needed to improve access to emergency obstetric care in the African region. It was chaired and co-chaired by Dr Aida Libombo, Deputy Minister of Health, Mozambique, and Dr Kweku Afriye, Minister of Health, Ghana, respectively, and facilitated by Prof Kasonde. A total of 74 delegates participated in the meeting.

2. Introductory statements on the subject were given by Dr Doyin Oluwole, Director, Family and reproductive health, and Dr Aida Theolamira de Nobreza Libombo, the Chairman. Prof Kasonde, the facilitator, made a presentation outlining:

- (a) the magnitude of the problem of maternal mortality;
- (b) steps taken on the road to safe motherhood;
- (c) a framework for improving emergency obstetric care;
- (d) the critical issues for discussion.

DISCUSSION POINTS

3. The Round Table deliberated on the following issues and questions:

- (a) the necessary steps to establish and sustain comprehensive emergency obstetric care;
- (b) how to increase awareness of the magnitude of maternal and newborn morbidity and mortality at community, national and international levels;
- (c) how to improve the skills of the available health professionals in order to provide emergency obstetric care through devolution of functions and activities; human, material and financial implications of this strategy;

- (d) how to ensure appropriate resource allocation and use for the strengthening of emergency obstetric care services; measures to be taken to ensure availability of essential supplies, medications and equipment, including safe blood;
- (e) components of an obstetric emergency preparedness and response plan at community level;
- (f) possible strategies to strengthen the role of the community in ensuring women's access to skilled attendance during child birth.

MAIN CONCERNS

4. *The necessary steps to establish and sustain comprehensive emergency obstetric care*
 - (a) political will sustained by repeated advocacy, including the willingness of governments to provide free delivery services;
 - (b) community and male involvement in the organization of services;
 - (c) emergency preparedness among professionals and community, such as delivery preparedness packs in hospitals;
 - (d) linkages between the community and health facilities;
 - (e) alternative financing schemes to improve access;
 - (f) insurance schemes or deferred payment plans;
 - (g) needs assessment to identify the weaknesses of required services;
 - (h) installation of two-way radio communication and appropriate emergency transport;
 - (i) effective monitoring and surveillance systems.

5. *How to increase awareness of the magnitude of maternal and newborn morbidity and mortality at community, national and international levels*
 - (a) sensitization of communities;
 - (b) sensitization of cabinet members and parliamentarians on maternal health and redirection of resources from wars to maternal survival strategies;
 - (c) sensitization of health management staff to boldly promote and allocate resources to safe motherhood;
 - (d) community-based associations and NGOs to advocate for improved maternal health care;
 - (e) needs assessments of community-based safe motherhood and emergency obstetric care;
 - (f) institutionalize a national safe motherhood day, e.g. observe the annual mother's day in May as the National Safe Motherhood Day.

6. *How to improve the skills of the available health professionals in order to provide emergency obstetric care through devolution of functions and activities. What are the human, material and financial implications of this strategy?*

- (a) revision of midwifery curricula to include emergency obstetric care (EOC);
- (b) training of general practitioners and paramedical professionals in EOC (e.g. surgical technicians in Mozambique);
- (c) allow general practitioners to perform caesarean sections;
- (d) give more responsibility to nurses and midwives to administer intravenous drugs, ultrasound and similar treatment;
- (e) train all nurses to have midwifery skills;
- (f) supportive supervision.

These should be backed up by relevant legislation.

7. *How to ensure appropriate resource allocation and use for the strengthening of emergency obstetric care services. What measures can be taken to ensure availability of essential supplies, medications and equipment, including safe blood?*

- (a) in the context of health sector reforms, there is need for a policy which ensures that a portion of generated funds will be effectively used for maternal health services;
- (b) government matching of resources mobilized at community level;
- (c) strengthening maternity units in the management of funds;
- (d) build hospital emergency services around EOC;
- (e) emergency packs for the management of major maternal complications.

8. *Components of an obstetric emergency preparedness and response plan at community level*

- (a) social mobilization comparable to National Immunization Days (NIDs);
- (b) community funding schemes such as a mutual insurance scheme;
- (c) organization of emergency transportation through local transport companies;
- (d) development of waiting homes close to health facilities.

9. *Possible strategies to strengthen the role of the community in ensuring women's access to skilled attendance during child birth*

- (a) maternal death reviews at facility, community and national levels, with reports of the reviews to improve quality of care and feedback to all levels;
- (b) advocacy for improved health worker attitudes in order to ensure women-friendly services that promote use;

- (c) involvement of the community in the supervision of maternal health services;
- (d) community support and ownership of an emergency preparedness plan, including provision of transport.

10. Other cross-cutting issues were raised and included education of the girl-child, reduction of poverty and prevention of conflicts. Political will and community participation were noted as fundamental requirements for the success of Safe Motherhood programmes. These will require sustained advocacy on the part of ministries of health and health professionals.