

Packages of Interventions

for Family Planning, Safe Abortion care, Maternal,
Newborn and Child Health



World Health
Organization

Acknowledgement

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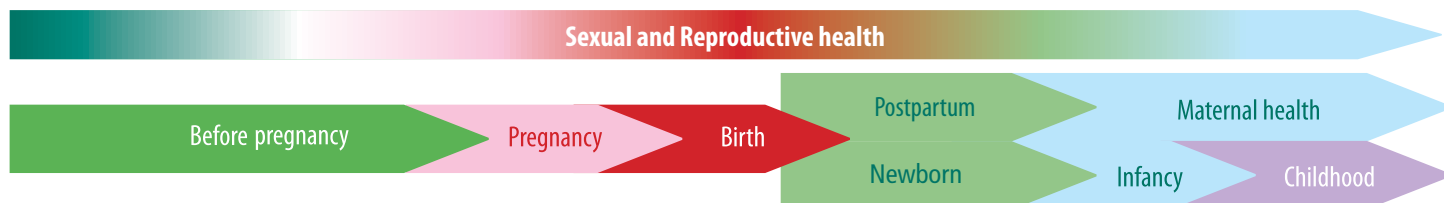
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INTRODUCTION

Maternal and neonatal morbidity and mortality are major public health concerns in most developing countries and in under resourced settings. WHO estimates that every year approximately 8 million women endure pregnancy-related complications and around half a million die as a result. Almost 9 million children die every year, of which 4 million newborn babies die within the first month of life. In addition, 3.3 million babies are born dead.

The evidence shows that high maternal, perinatal, neonatal and child mortality rates are associated with inadequate and poor quality health services. Evidence also suggests that explicit, evidence-based, cost effective packages of interventions can improve the processes and outcomes of health care when appropriately implemented.

1. The Packages of Interventions for Family Planning, Safe Abortion Care, Maternal, Newborn and Child Health

This document describes the key effective interventions organized in packages across the continuum of care through pre-pregnancy, pregnancy, childbirth, postpartum, newborn care and care of the child. The packages are defined for community and/or facility levels in developing countries and provide guidance on the essential components needed to assure adequacy and quality of care.

2. Guiding principles in delivery of the interventions

Seven principles guide the delivery of the packages outlined in this document, namely:

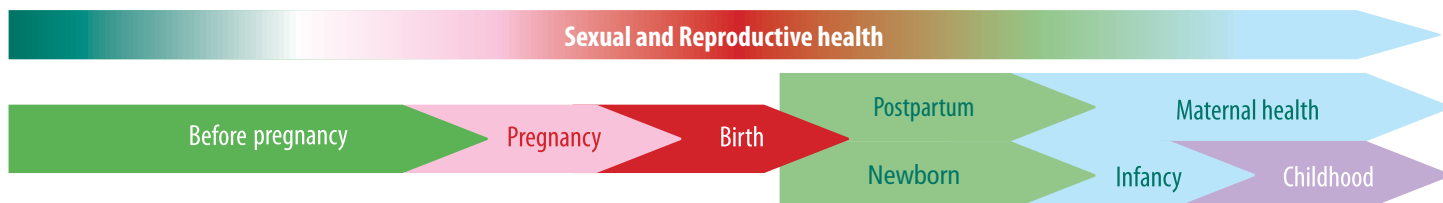
- Ensuring universal access to family planning, safe abortion, maternal, newborn and child health care, with special attention to the needs of under-served and vulnerable groups.
- Women and community participation in programmes.
- Integration of sexual, reproductive, maternal, newborn and child health services, including with HIV prevention and treatment.
- Pursuing social justice and poverty reduction to address health inequities.
- Facilitating the respect, protection and fulfillment of the human rights of women, men, adolescents, newborn and children.
- Respecting the basic values of choice, dignity, diversity and equality.
- Addressing gender and cultural sensitivity.

3. How the Packages of Interventions for Family Planning, Safe Abortion Care, Maternal, Newborn and Child Health care are structured?

Overall the document includes the most relevant topics that need to be addressed for ensuring quality reproductive health, maternal, neonatal and child health services. The document includes 7 packages focusing on clinical standards and health system's requirements, according to the life cycle and the continuum of care.

They are:

- 1) Family Planning
- 2) Safe Abortion Care
- 3) Pregnancy Care
- 4) Childbirth Care
- 5) Postpartum Care of the Mother
- 6) Care of the Newborn
- 7) Care during Infancy and Childhood



4. How the Packages of interventions for Family Planning, Safe Abortion Maternal, Neonatal and Child Care can be used and for whom are they intended

These packages of interventions are built on WHO standards, which can be adapted and implemented according to the needs and resource capacities of different contexts. They can be used at national and sub-national level to establish norms, develop guidelines, as well as support the design of competency-based training curricula for skilled attendants and other health care providers in charge of reproductive, maternal, newborn and child health care.

It is expected that the packages of interventions will assist the global partners to implement the principles of the Global Consensus, in particular to accelerate the implementation of the recognized priority interventions and to strengthen the health systems that will deliver them.

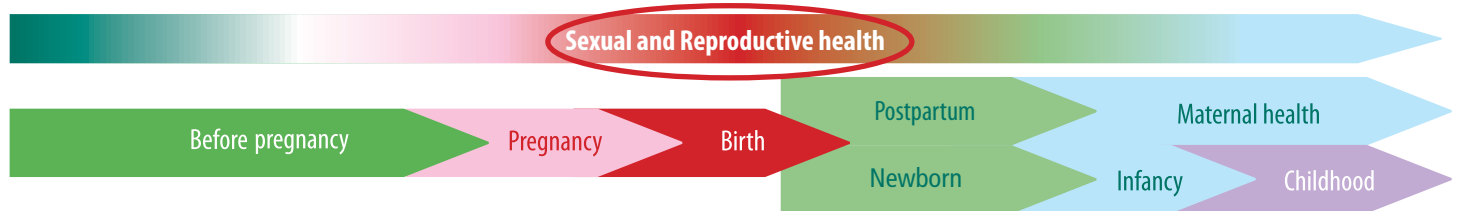
5. Resource needs

Scaling up the delivery of interventions to address child and maternal mortality will require additional investments to strengthen the performance of health system in particular regarding commodities, equipment and human resources and management.

Resource needs for implementing these packages are likely to differ by country, depending on the current situation as well as the targets set and the strategies employed for reaching those targets. Useful information to enable countries to move towards efficient and needs-based resource allocation include evidence on cost-effectiveness to inform priority setting; estimates of future resource needs; estimates of current expenditures; analysis of financing alternatives; and estimates of financial and fiscal gaps.

Numerous tools and methods exist to support countries undertaking economic and financial analysis for MNCH, including:

- For cost-effectiveness: WHO CHOICE tools (www.who.int/choice)
- For an overview of existing costing tools see http://www.who.int/pmnch/topics/economics/costing_tools/en/index.html
- For monitoring current health expenditures, including guidelines specific to the assessment of child and reproductive health spending: www.who.int/nha)”



Family Planning

Components

- Family Planning services integrated within preventive and curative sexual and reproductive health care.
- Education and counselling for informed contraception decision making.
- Availability of and access to contraceptive supplies.
- Family planning within integrated primary health care, including the prevention and care for STIs (including HIV), cancer of cervix and cancer of breast.

Benefits and potential impact

- Promotes gender equity and empower women and families.
- Family planning has the potential to reduce 32% of maternal deaths, 10% of newborn, infant and child deaths.
- Family planning has the potential to decrease 71% of unwanted pregnancies: eliminating 53 million unintended pregnancy, 22 million fewer unplanned births, 25 million fewer induced abortion and 7 million fewer miscarriages.
- Can avert 80% of HIV sexual transmission with consistent and correct use of condoms.
- If all the women at risk of unintended pregnancy used modern contraceptive methods the decline in unintended pregnancy and unsafe abortion would reduce the cost of post abortion care to about \$ 230 million a year.
- Slows population growth contributing towards significantly reducing poverty and hunger and helps achieve national and international development goals.

Health system requirements needed to support the delivery of the intervention

Policy

- Enabling policy to increase access to contraceptive methods including expanding method choice.
- Defining and implementing strategies to eliminate unmet need for family planning, affecting up to 215 million couples globally.
- Health systems strengthening including increase in direct funding for family planning.

Service delivery

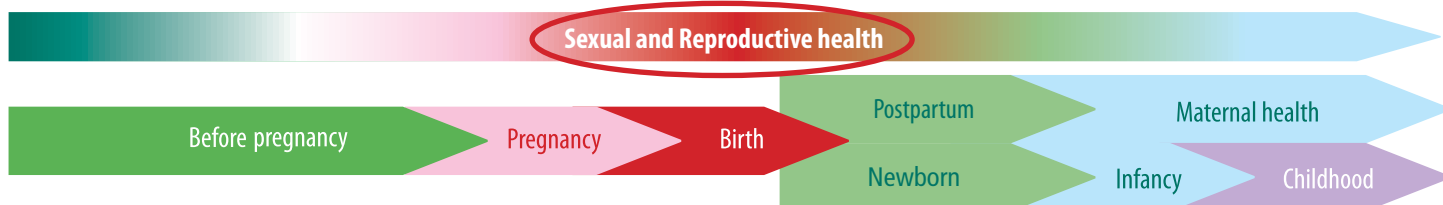
- Integration of family planning in maternal and child health care throughout the continuum of care, including HIV and STI services, cervical and breast cancer screening.
- Regular access to and availability of contraceptives supplies.
- Integration in primary health care.
- Strengthen links between different levels of health system.
- Skilled health professionals: midwives, nurses and doctors trained in FP and counseling techniques that respect individual human rights.
- Community health workers with proper FP training and supervision.

Indicators

- Contraceptive prevalence rate.
- Unmet need for family planning.
- Service delivery points prepared (with stocks and trained providers) to provide at least three family planning methods
- Government funding for Family Planning as a proportion of total funding for FP
- Percentage of Family Planning delivery points providing STI/HIV counselling/testing

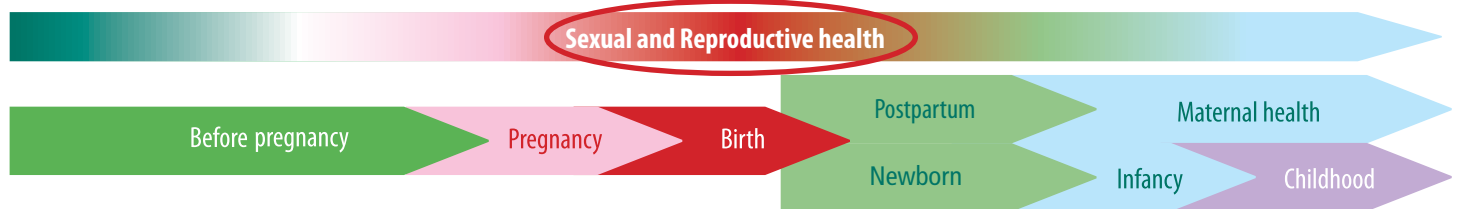
Further reading

- 1 Singh S et al. *Adding it up: The Costs and Benefits of Investing in Family Planning and Maternal and Newborn Health*, New York: Guttmacher Institute and United Nations Population Fund, 2009
- 2 Weller SC, Davis-Beatty K. *Condom effectiveness in reducing HIV transmission*. Cochrane Database of systematic Reviews 2007, Issue 4, Art. No.: CD003255. DOI: 10.1002/14651858.CD003255.



Family Planning

Interventions at Home/COMMUNITY level	Key supplies and commodities needed
<ul style="list-style-type: none"> Health education to women, men, families and community: <ul style="list-style-type: none"> To increase awareness on benefits of safe sex, family planning and birth spacing starting from the pre-pregnancy period, during pregnancy and after childbirth. Enable adolescents, women, men to access to various reproductive health services through integrated and linked services Counselling and distribution of contraceptive methods including emergency contraception Awareness of signs of domestic and sexual violence and referral 	<ul style="list-style-type: none"> Counselling, health education and promotion materials Job aids Contraceptive methods <ul style="list-style-type: none"> Condoms for STI/HIV and pregnancy prevention Oral contraceptives including emergency contraception Injectables
Interventions at FIRST LEVEL HEALTH FACILITIES	Key supplies and commodities needed
<p><u>All of the above plus:</u></p> <ul style="list-style-type: none"> Counselling and provision of the full range of family planning methods HIV testing and counselling in generalized epidemics Dual protection (female and male condoms) Screening for and recognition and possible management of STI HIV testing and counselling Screening for and management of signs/symptoms of domestic violence and sexual assault Screening for cancer of the cervix and of the breast Identification of initial needs of the infertile couple, and referral Management or referral of problems 	<p><u>All of the above plus:</u></p> <ul style="list-style-type: none"> Decision making aids for clients Full range of contraceptive methods (including vasectomy) Oral and parenteral antibiotics Laboratory tests kits for STI/ HIV Surgical equipment to insert/remove implants Sphygmomanometer
Interventions at REFERRAL FACILITIES	Key supplies and commodities needed
<p><u>All of the above plus:</u></p> <ul style="list-style-type: none"> Treatment of medical conditions, side effects and/or complications. Management of methods of choices if not provided at first level of care (tubal ligation/vasectomy/insertion and removal of implants, difficult removal of devices etc). Appropriate management of the infertile couples including HIV discordant couples. 	<p><u>All of the above plus:</u></p> <ul style="list-style-type: none"> Appropriate operating theatre for surgical methods Surgical equipment



Safe Abortion care

Components

- Access to safe abortion to the full extent of the law.
- Access to treatment for complications of spontaneous and unsafe abortion.
- WHO-recommended surgical and medical methods for uterine evacuation.
- Contraceptive information, counselling, and methods.
- Screening, treatment, and referral for other sexual and reproductive health needs.

Benefits and potential impact

- Has the potential to prevent nearly all deaths (70,000) and disabilities (5 million) from unsafe abortion annually.
- Saves an estimated.
 - US\$680 million in health-system costs for treating serious complications due to unsafe abortion.
 - US\$6 billion to treat post abortion infertility from unsafe abortion.
 - US\$930 million to society and individuals in lost income due to death or disability resulting from unsafe abortion.
- Allows women and families to address consequences of contraceptive method failure.

Health system requirements needed to support the delivery of the intervention

Policy

- Broadening legal grounds for safe abortion.
- Universal access to safe services.
- Universal knowledge about the law and services and importance of safe abortion care.

Service delivery

- Evidence-based national standards and guidelines for safe abortion care.
- Skilled health professionals (e.g. doctors, midwives and nurses) and equipped facilities.
- Social safety net for poor women (e.g. through health insurance or voucher schemes).

Indicators

- Percentage of health providers trained to provide safe abortion.
- Percentage of services delivery points that use WHO recommended methods for induced abortion to the full extent of the law.
- Percentage of services delivery points that use WHO recommended methods for management of abortion complications.
- Hospitalization rate for unsafe abortion per 1000 women, age disaggregated.
- Maternal death ratio attributed to abortion, age disaggregated.

Further reading

1. World Health Organization. *Safe abortion: technical and policy guidance for health system*. WHO 2003.
2. World Health Organization. *Unsafe abortion: global and regional estimates of the incidence of unsafe abortion and associated mortality in 2003*. Geneva: World Health Organization, 2007.
3. Vlassoff M et al. *Economic impact of unsafe abortion-related morbidity and mortality: evidence and estimation challenges*. IDS Research Report. Brighton, UK: Institute for Development Studies, 2008, No. 59.
4. World Health Organization., *The global burden of disease: 2004 update*, 2008. <http://www.who.int/healthinfo/global_burden_disease/2004_report_update/en/index.html>

Before pregnancy

Pregnancy

Birth

Postpartum

Maternal health

Newborn

Infancy

Childhood

Safe Abortion care

Interventions at Home/COMMUNITY level	Key supplies and commodities needed
<ul style="list-style-type: none"> Health education to women, men, families and community: <ul style="list-style-type: none"> Sexual and reproductive health, including safe sex, family planning, unwanted pregnancy, coerced sex, consequences of unprotected sex, legal grounds for safe abortion Consequences of unsafe abortion Availability of family planning services Availability of pregnancy detection and safe abortion services Distribution of methods of contraception, including emergency contraception Identification of signs of domestic and sexual violence and referral Identification, first aid and prompt referral of women with signs of complications of unsafe abortion 	<ul style="list-style-type: none"> Counselling, health education and health promotion materials Job aids Contraceptive methods <ul style="list-style-type: none"> Condoms for STI/HIV and pregnancy prevention Oral contraceptives including emergency contraceptives Injectables Pregnancy test kits
Interventions at FIRST LEVEL HEALTH FACILITIES	Key commodities needed
<p>All of the above plus:</p> <ul style="list-style-type: none"> Counselling for contraceptive methods Uterine evacuation for first-trimester and, incomplete abortions Diagnosis and treatment of common complications of abortion including infection, bleeding or injury Referral mechanisms for timely treatment of abortion-related complications Diagnosis and treatment of STIs/HIV 	<p>All of the above plus:</p> <ul style="list-style-type: none"> Vacuum aspiration equipment Medications for induced abortion (mifepristone + misoprostol) Analgesics and local anaesthetics Antibiotics Uterotonics Full range of contraceptive methods (including vasectomy)
Interventions at REFERRAL FACILITIES	Key commodities needed
<p>All of the above plus:</p> <ul style="list-style-type: none"> Uterine evacuation for pregnancies beyond the first trimester Management of women with any complication of abortion Management of ectopic pregnancy Provision of all contraceptive methods including tubal ligation 	<p>All of the above plus:</p> <ul style="list-style-type: none"> Parenteral and oral antibiotics Intravenous fluids Oxygen Blood and transfusion sets

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