

STRATEGY ON
MATERNAL AND CHILD HEALTH CARE

(for 2003-2015)

Maternal and Child health care is the most important pre-requisite for the population health care and, according to the international experience, the declining socio-economic conditions come to, first of all, affect this group of population. Being the most vulnerable group and at the same time the future of the society, it should be protected by the government and this should be the core issue for every country.

The importance of the key issues in maternal and children protection had been long-established by international society.

After Armenia became an independent state, it, as a member of United Nations, has joined and assumed responsibilities according to which the key issues of women and children healthcare have been given top priority and raised to the level of national importance.

During 2002-2003 the 4th session of the Assembly of the United Nations has adopted a number of initial documents directed at the improvement of key issues of women and children protection such as: the political declaration “Peking + 5” (New York-2000), Millennium Declaration (New York -2001), “Let Us Create the World useful for Children (New York-2002). The strategy is supported with the international documents as well as a number of other political and strategic documents declared by the European Office of the World Health Organization. Namely, “Health for Everybody- 21st Century”, “European Strategy on Reproductive and Genital Health”, “Strategy on prevention of transmission of HIV from mother to child”, “Strategy on Health Prevention for Children and Teenagers”.

The problems of improved conditions and maternal and children health care are under the patronage of the state. They are defined by the Constitution of the Republic of Armenia and the Law on (“Medical Aid and Medical Services to Population”) and (“Children’s Rights”, Reproductive Health and Rights”).

I. Analysis of the situation

1.1. Implementation of the health system reforms which started in 1995 was aimed at the adjustment of the system in place to the altered socio-economic conditions of the country. Implementation of reforms under transition period and transition to market economy had its impact on the health care indicators of the society.

Implementation of the judicial-economic reforms under the conditions of chronic budget deficit, newly introduced payment system in healthcare, increase in market price of medications, all these factors along with the diminishing budget resources allocated for healthcare have led to the point of declined accessibility and quality in healthcare. All the mentioned above circumstances and the impact on the system is reflected by health-demographic indicators.

One of the serious concerns is the declining tendency in deliveries and natural population growth. The natural population growth per 1000 people has dropped for more than 7 times (1990-16.3, 2001-2,1) while delivery and fertility indicators declined for more than 2 times. Fortunately, in 2002, tendency of slight increase in delivery indicators was registered.

1.2. Due to the implementation of a series of programs aimed at the improvement of children health care, a slight progress for the recent 10 years has been registered. Especially in the sphere of infectious diseases, the indicator for breast feeding went up for nearly 3 times, 2 –fold decrease vs. 1994 was noted in the cases of mortality with diarrhea and diseases of respiratory ways. Although children mortality indicator continued to decline until 1998, the indicator for recent years reflected reduction in this decline. Currently the average weight of children mortality is increasing with cases of delivery and natural development defects. There is 14 and 20 % increase in infant morbidity and low weight cases, children morbidity with tumors, tuberculosis and nervous system malfunctions, etc.

Despite the success in immune-prevention program, however, most of the key issues still need to be addressed (improvement of “ice chain”, especially for the rural areas, development and implementation of the policy of secure injections, disposal of wastes, etc), and the measures for immunization should be on the top of the agenda.

As compared to 1995, the number of disabled children has increased by about 60%. Nevertheless, the data do not reflect the real picture of the problem for disabled children and, it is obvious, that an additional study would help to clear the picture. Rehabilitation of disabled children and their integration into the society is another key issue.

Decrease in the number of children resorts, poor financial condition of still functioning ones; due to lack of state allocations do not ensure adequate rehabilitation for children.

Psychological health prevention is another concern but absence of research data for this field do not allow to accurately assess the level of seriousness of key issues.

Issues related to violence also need a careful study. For it is a given fact that the consequences of domestic violence have double negative impact on children’s health; they suffer as victims and as witnesses of domestic violence.

1.3. The problems of teenagers’ health care are more than important in the context of children health care.

It can not be denied that teenagers do not have enough elementary knowledge in medical hygiene, sexual education and prevention of sexually transmitted diseases (STD). Lack of awareness about healthy mode of life, bad habits (smoking, drinking, etc) present in their behavior, come to have its impact on their lives in future. Increased STD cases are a result of their ignorance and early life, nevertheless, the problem is getting more serious and more actual. Thus, it is evident that there is a must for the implementation of programs on reproductive, psychological, sexual protection and health education, as well as development of “Voluntary health services for teenagers”.

1.4. Negative trend in key issues of maternal health care is more evident, while the fact, that healthy motherhood is a prerequisite for healthy childhood, is well-known. The comparative analysis of the specific weight of maternal mortality for the last three years (per 100000 births) indicated 20% case reduction in 1998, and further increase in recent years. Indicator for maternal mortality for Armenia exceeds the specific weight rate provided for European countries 4-5 times, however, still being lower than the specific weight rate for CIS countries. Maternal mortality is mostly accounted for failures in preventive measures, such as bleeding, hypertensive pregnancy, infections and abortions. There is an increase in specific weight in cases with extra genital mortality, which is accounted for the poor health status, antenatal treatment and accessibility of healthcare system.

Serious worsening is noted in the prenatal control, and the figure for pregnant women registered at women consultations went down for 2 times (with pregnancy of 12 weeks). According to preventive statistical data there is a noticeable increase in cases with anemia and post-delivery complications. Official statistical data for 1990-2001 report 10-fold increase in cases with anemia.

1.5. STD studies, carried out mainly for syphilis and gonorrhea, stated the increase for both diseases for the period from 1990 to 1997: 4,8 and 16,1 for 1990; 16,9 and 28,4 (per 100000 population) for 1997. Recent years proved declining tendency in the disease: 11,6 and 24,2 for 1999, and 5,8 and 25,9/1000000 for 2001. The matter of concern here is the prevailing figure for STD in women vs. men and the tendency of increased cases in youth.

1.6. There are no studies in the country on other sexually transmitted diseases, specifically on chlamydiasis, cytomegalovirus, herpes, papilloma virus which have ethiopathogenetic significance not only as genital virus but also as cause of perinatal and oncologic diseases.

Another major concern is the HIV problem. The reported number for examined for HIV pregnant women in 1997 was 25%; currently this figure does not exceed 3%. There were a few reported cases on pregnancy combined with HIV in 2000, HIV cases in children in 2001, the first mortality case with HIV infected child in 2002, and first delivery by HIV virus carrier woman in 2003.

In 2002 there were 210 cases registered for HIV infected patients, out of it 21% were cases in women, and 3 cases (1, 3%) in children infected through intrauterus, while the findings of alternative assessment of HIV situation in Armenia identified 10 times higher rate for spread cases. 93 % of 45 women virus carriers were infected through heterosexual relations, all women in fertile age with further prospect of delivery.

1.7. Increased frequency in morbidity cases registered during last decade included not only cases with genital organs, specifically mammary gland, cervix and cancer (26,8 and 12,6/100000 accordingly in 1991; 39,7 and 13,1/ 100000 in 2001), but also significantly increased complication cases , and what is more worrisome, the tendency of frequent cases in youth (17,5% & 13,7% in 1990; 21,5% and 34% in 2001).

1.8. Currently, there is a noticeable positive trend in the country in the use of modern contraceptives whereas in 1992 IUD and hormonal medication were the only commonly used approaches (1992- 1,6 and 0,06% and 2002- 6,8% and 3,5%, accordingly).

Despite the rate of 61%, identified in the outcomes of the Peoples Health National Institute 2002 study for women using contraceptives, actually the rate for the use of reliable recent contraceptive means was 22%, thus it can be resumed that the only method of birth regulation is still abortions.

Due to the framework of improved services of “Reproductive health” family planning program the declining tendency in abortions is obvious: in 1995 the rate for abortions /per 1000 births and 1000 fertile women was 623 and 30, 5 accordingly, in 1997 it went down to 562 and 24,3 accordingly, and in 2001 it lowered to 325 and 9.5.

High indicators for infertility, specifically secondary infertility (28,5%), are accounted for STD and abortions, whereas indicator for primary infertility is 3,4% which is not that different from the indicators of other European countries.

Problems with women discrimination, violation and trafficking, resulting from lack of attention and studies, were defined in recent years.

1.9. As a consequence of poor socio-economic conditions the key issue of nutrition has emerged. Unbalanced, poor in protein and vitamins monotonous food, first of all, impinged on pregnant women, breast feeding mothers and children. The major concern here is an increasing tendency in chronic malnutrition of children (weight-age indicator deficit). According to the studies (2000) carried out by the National Health Institute for children group 0-5 years of age the rate was 13%. Current rates for anemia are pretty high for both children and women (26% and 16% accordingly).

Unbalanced food resulted in the increased rate for early and late anemia cases in pregnant women. While in 1990 it was 1,3% and 9,5% , in 2001 it went up to 14,3% and 136,8%, accordingly.

Another concern is iodine deficiency in Armenia. Although the indicator for the use of iodinated salt is high (83%), its deficiency rate for children is 30%, and 33% for women.

The requirement of the implementation of the programs aimed at the improvement of children and women nutrition, expert consultations, promotion of healthy food and breast feeding is more than obvious. Development of the nutrition programs for children and women is an imperative on the way to improved health care conditions.

2. Key Points

- High level of morbidity and mortality / maternal, children under 5/, need in addressing the issues of child and maternal healthcare
- Increasing tendency in children mortality, specific weight of perinatal and cases with infant mortality
- Constantly worsening conditions of children nutrition, malnutrition and spread anemia cases
- Growth of specific weight of infants with low weight
- Absence of friendly and due medical services for teenagers

- Unsatisfactory level of conditions for children rehabilitation.
- Psychological health of children, lack of records on the cases of violence and basic assessment of violence status
- Unsatisfactory level of measures for HIV problem solving, especially in prevention of HIV transmission from mothers to infants
- High morbidity with HIV and the increasing dynamics with the cases in youth
- Poor level of recent contraceptives use
- Increasing tendency in cancer morbidity and mortality with reproductive organs.
- High frequency of infertility, specifically, secondary infertility
- Absence of programs and strategy on women's discrimination, violence and trafficking
- Effective inter-department and international cooperation in the implementation of children and maternal health care programs

3. Objectives of Maternal and children health care (by 2015 within defined terms)

3.1.1 The objectives for children health care are as follows:

- Reduce the level of mortality in children (0-1.) and under 5, at least, for 1/3 (it should not exceed 10% by^a 2015), including 30% reduction in diseases of respiratory ways, and 50% with diarrhea
- Reduce the number of low weight and prematurely born children by 1/3 (by 2015 it should not exceed 7%).
- 5-7% reduction in the frequency rate of fetus defectiveness (by 2015).
- Coverage of 65% of disabled children in individual rehabilitative programs /through the implementation of the early assistance programs/ (2010-2015).
- Reduce cases with anemia, 50% (by 2015).
- Ensure exclusive breast feeding for 65% of infants fewer than 4 and 40% for infants under 6-months and continue it during the second year of life (by 2009).
- Ensure 95% coverage for children immunization, including:
 - Exclusion of local cases with diphtheria (2007)
 - Measles (2010)
- Through state and private sectors joint cooperation find solutions for iodine deficiency problem (2008).
- Prevent the spread of HIV in children; ensure 80% coverage for pregnant women HIV prevention (2007).
- Develop and implement programs for active physical and mental, psychological, emotional development of children at early age (by 2009).

3.2. Objectives of teenager's health care are as follows:

- Develop and implement programs for physical mental and psychological development and reproductive health care, ensure easy access to the information about reproductive health and rights in adequate age groups (by 2009).
- Prevent the spread of HIV in children and teenagers by providing 90% of youth with easy access to accurate information (15-24 years) (in 2010).

3.3. Objectives of maternal health care are as follows:

- Reduce level of mortality by 1/2 (specific weight rate deficit under age of 3 years should not exceed 20/ per 100000 births, (in 2015).
- Ensure HIV screening test for, at least, 80% of pregnant women (by 2015).
- Double the increase of indicators for pre-delivery control (by 2009).
- 50% reduction in cases with anemia (by 2015).

3.4. Objectives of reproductive health care are as follows:

- Reduce morbidity cases with reproductive organs (mammary gland, cervix,) and, cases with cancer morbidity, at least, by 30%, (by 2015).
- Continuous provision of recent contraceptives, double increase in number of women using contemporary contraceptives (by 2009).
- Reduction of frequencies with STD cases in women, at least, by 1/3 (by 2015).
- Conduct HIV screening test for women risk group and, at least, 80% of pregnant women (by 2015).
- Reduce number of abortions by, at least, 30% (by 2015).
- 30% reduction of secondary infertility (by 2015).

3.5. Objectives for improving nutrition are as follows:

- Reduce chronic malnutrition in children, at least, by 1/3 (deficit of weight-age indicator for children under 0-5 should not exceed 8%) by 2015.
- Reduce spread anemia in children and pregnant women by 50% (by 2015).
- Ensure exclusion of iodinated salt deficiency (2008).

3. Strategies to achieve the objectives

4.1. The directions of the adopted strategies aimed at the accomplishment of the objectives and improvement of maternal and children health care are as follows:

- Within the framework of programs guaranteed by the state, ensure adequate volume of free medical services for children and mothers
- Implement and develop primary health care system, as the most accessible medical service structure, continuously implement and develop target programs aimed at improvement of children and maternal health care.
- Strengthen medical services for women and children by focusing on rural health care system
- Improve control over condition of children, maternal and women reproductive health and info-analytical need assessment (monitoring) system
- Improve process of children birth and mortality registration. Introduce standards developed by WHO for “Acceptance of standards on live- and stillbirths”, jointly with Ministry of Health of Armenia and National Statistics Services)
- Ensure accessibility and improved quality for medical services, training for medical personnel working with children and women, improve system of certification, revisit training programs
- Introduce measures for medical services quality control and for their improvement
- Plan state assistance to maternity, coordinate benefits and develop normative documents that will ensure increased births, natural population, decrease in abortions and improved healthcare system for pregnant and their infants.
- Introduce measures directed at exclusion of pollution factors in the environment (water, infection at birth, smoke, food contamination)

4.2. Strategy on improvement of health care for children and teenagers are as follows:

- Develop quality medical services and urgent care for infants
- Develop capacities and services for rehabilitation and intensive therapy for children at early age
- Introduce integrated strategy on children morbidity, develop community and hospital components
- Introduce and further expand the strategy on infant growth and development
- Safeguard strategy for quality immune substances, expand immunization calendar, improve “ice chain” and safety of injections

- Prevent STD transmission from mothers to infant, ensure improved medical services for pregnant and virus carrier children
- Improve medical services for disabled children and their families, ensure health care education to parents, community involvement in the solution of disabled children problems
- Implement programs for children with development deviations through “early involvement” programs
- Conduct studies on reveal of the psychological health problems, further development and target programs implementation
- Encourage breast feeding and further expansion of the initiative “Friendly hospital for child”.
- Ensure information dissemination to those responsible for child care focusing on needs of children.
- Continuously implement preventive programs for infectious and parasitic diseases (tuberculosis, STD, mumps, malaria, etc).
- Encourage implementation of preventive programs on violation and children exploitation
- Ensure appropriate environment for children.
- Encourage healthy life environment for teenagers to protect them from smoking, use of alcohol and drugs, implementation of programs on sexual and health education, establish “friend of teenagers” medical service network.

4.3. Strategy on improvement of maternal and reproductive health care is as follows:

- Re-establish the priority for reproductive health care, including re-establishment of prevailing key issues on safe maternity, develop and continuously implement national target programs
- Ensure improve in quality of obstetric-gynecological assistance, invest in modern perinatal modern technologies, strengthening of technical basis of maternity hospitals
- Strengthen pre-delivery care, improve intrauterine diagnostics, ensure safe and secure medical care for the whole period of pregnancy.
- Improve women reproductive health care, implement and develop the programs directed at prevention and reduction of abortions, STD, secondary infertility
- Encourage research in the fields of obstetrics, perinatology and reproductology
- Promote safe maternity, STD issues, and preventive measures for cancer of reproductive organs, as well as promote safe sexual behavior, develop and implement public awareness programs
- Develop social- psychological awareness system for pregnant women
- Implement programs directed at the prevention of women discrimination, violence and trafficking.

5. How to achieve the goals

The above mentioned key issues could be solved through elaborated strategies and continuous implementation of target programs, and given the objectives, development of new programs and accomplishment of the objectives within the framework of the program. It could be accomplished through close inter-department and international cooperation, with extensive involvement of communities and mobilization of all the possible resources.

6. Target programs for maternal and children health care

6.1. Programs for the improvement of children and teenagers health care:

- State target programs on maternal and children health care (state guaranteed free medical assistance and services)
- Program on children primary healthcare (growth and development of children at early stage)
- Program on strategy of children morbidity integrated conduct of

- Immune-preventive program for the Republic
- Encourage breast feeding and expand initiative on implementation of the program “Friendly hospitals for children”
- Persistent control over nutrition of children under 5 and women, development of improved nutrition program
- Program on registration process of children births and mortality
- Program on urgent hospital medical assistance for children
- Preventive program on STD transmission from mother to child
- Program on infant care and intensive control
- Program on rehabilitative medical assistance
- Program on systematic medical care for disabled children
- Program for children with special needs and early intervention
- Program for improvement of teenagers health and “friendly” medical services

6.2. Programs for improved maternal and reproductive health

- For improved perinatal care, implementation of the WHO/ UNICEF programs “Encouragement of effective perinatal care”, early diagnosis of natural defects, prevention of complications during pregnancy and improved quality of medical assistance to infants and women in delivery.
- Program preventing abortions, encouragement of use of recent contraceptives, promotion of safe sexual life
- Preventive STD programs, including improved prevention and treatment, and implementation of health education programs
- Preventive program on cancer of reproductive organs and pre-cancer diseases
- Preventive program on STD transmission from mother to child, including preventive treatment of HIV perinatal virus

7. Monitoring indicators

Main indicators for the assessment of the level of socio-economic development, population health and effective maternal and children health care are as follows:

- Mortality rate in infants (0-28 days), children (0-1 year) and children under age of 5 /per 1000 live-births/
- Mortality cases with diarrhea and diseases of respiratory ways (‰) in infants under age of 1
- Prenatal mortality rate/ per 1000 births/
- Maternal mortality /100.000
- Exclusive breast feeding indicator (%)
- Immunization index for various diseases (%)
- Morbidity with manageable infectious diseases (per 100 000 population)
- Number of low weight and prematurely born infants (per 100 births)
- Level of malnutrition in infants under age of 0-5 (weight-age index deficiency in %)
- Spread ness of anemia in children and pregnant women (%)
- Deliveries with developed defects (per 100 births)
- Morbidity with malignant tumors of reproductive organs (per 100 000 women)
- STD morbidity rate (per 100 000 population)
- Abortion rate (per 1000 fertile and 1000 live-births)
- Use of recent contraceptives (per 100 fertile women)
- Early registration of pregnant women (under 12 weeks , per 100 pregnant)
- Gestation complications and extragenital morbidity (per 100 pregnant)

The analysis of the date is carried out by the Ministry of Health of Armenia who conducts reassessment of needs and shifts emphasis in the strategic planning.

8. Levels of Responsibilities

- Government of the Republic of Armenia: -recognize through annual budget allocations the prevailing importance of the programs for maternal and children healthcare, and approve normative documents related to the core issues of motherhood, childhood and reproductive health (“ Preventive immunization”, “ Ratification of international code on marketing of milk supplements”, and take a decision on the approval of Laws of RA “ Mandatory iodination of salt used for food for population”, “ Order and Rules for storing of sex cells, including donor cells and spermatozoids”, “ Order and Rules for voluntary medical sterilization”, “ Order and Rules and conditions for abortions”.
- Minister of the Ministry of health of the Republic of Armenia: – define objectives and priority directions, develop and conduct strategic planning of the programs, develop administrative acts, manage the process of program development and implementation
- Governors and Mayor of the Republic of Armenia: – implement state and other target programs, control, develop and introduce measures to improve maternal and children health care
- Managers and personnel of the institutions providing medical assistance to children and women: – local implementation of the programs.
- Other administrative state bodies
 - Ministry of Finance and Economy – sustainable funding of target health programs
 - Ministry of Social Protection – allocation of special funds for maternal and children protection and program implementation
- NGO-s involved in maternal and children health care: –implement at public health programs, ensure public awareness and health education (on breast feeding, sexual education, abuse of drugs, alcohol, smoking, etc), disseminate information about extremely important problems in healthcare, conduct research, etc.