

Summary report on the

Meeting on promoting preconception care in the Eastern Mediterranean Region

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Muscat, Oman
25–27 March 2015



**World Health
Organization**

Regional Office for the Eastern Mediterranean

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1. Introduction

The meeting on preconception care in the Eastern Mediterranean Region was held in Muscat, Oman, from 25 to 27 March 2015. The meeting was organized by the WHO Regional Office for the Eastern Mediterranean, and attended by 47 participants from 13 countries, along with experts from the Region and globally, as well as staff from the United Nations Population Fund (UNFPA), United Nations Children's Fund (UNICEF) and WHO.

The meeting objectives were to:

- review preconception health needs and national capacity in the participating countries for the planning, implementation and monitoring and evaluation of preconception care interventions;
- update the participants on evidence-based effective preconception care interventions; and
- identify necessary country actions to strengthen preconception care in line with the related WHO guidelines, taking into consideration cultural sensitivities.

The meeting was inaugurated by His Excellency, Dr Ahmad Al Saidi, Minister of Health, Oman. His Excellency highlighted the crucial role of preconception care in reducing the maternal and child health burden, particularly related to genetic disorders, and expressed Oman's commitment to strengthening the national programme by focusing on high impact preconception care interventions and ensuring good coverage and quality of care.

Dr Margaret Chan, WHO Director-General, in her opening address, stressed the need to focus on evidence-based interventions and partnership with key stakeholders and United Nations (UN) agencies to improve maternal and child health outcomes. Dr Chan expressed

her commitment to invest in successful interventions, such as preconception care to improve the health of women and children.

Dr Ala Alwan, WHO Regional Director for the Eastern Mediterranean, in his opening address emphasized the role of preconception care interventions in improving reproductive, maternal and child health care coverage along the continuum of care at different levels of health care services. Dr Alwan stated that congenital disorders affected between 2% and 5% of all live births in the Region and could be prevented through evidence-based, cost-effective preconception care interventions.

Dr Alwan invited policy-makers in Member States to express their commitment to preconception care through the development of comprehensive, integrated, sustainable and effective preconception care programmes to be implemented by countries according to their health priorities. He stressed the need to select evidence-based, cost-effective, feasible and culturally-relevant preconception care interventions with high maternal and child health impact, and using a well-defined list of preconception care core indicators to ensure effective monitoring and evaluation.

Dr Haifa Madi, Director, Health Protection and Promotion, Regional Office for the Eastern Mediterranean, explained the rationale of preconception care and its role in improving maternal and child health status by reducing behavioural, individual and environmental risk factors. Dr Madi shared the findings of a preconception care survey conducted in countries showing that although the burden of related ill-health conditions is high, preconception care services at country level remain both ad hoc and fragmented.

2. Summary of discussions

The meeting's deliberations focused on examining the maternal and neonatal health burden in the Eastern Mediterranean Region and the

existing response through preconception care interventions. There was a consensus on the positive impact of preconception care on maternal and neonatal health outcomes and on the need to strengthen the preconception care package in the Region. Moreover, participants highlighted genetics as one of the main areas that should be addressed by preconception care programmes that could contribute positively on the maternal and child health outcomes.

Participants acknowledged the importance of selecting evidence-based, cost-effective, feasible and culturally-relevant preconception care interventions with high maternal and child health impact for implementation in all countries. There was agreement on the need to develop preconception care programmes that leverage existing health programmes through the use of innovative and progressive approaches.

The main components of preconception care programmes were identified as assessment, counselling, screening, prevention and management. Programmes should target girls, adolescents, women and couples. Preconception care-related interventions identified as “best buys” should be chosen, using experimental evidence derived from practice, or based on contextual evidence, to decide on whether interventions will work at community level.

Congenital disorders are a major health burden and can be categorized into two main groups – those due to environmental causes (maternal infection or malnutrition, exposure to teratogens, and so on) and “constitutional” congenital disorders (chromosomal disorders, congenital malformations, single gene disorders and disorders due to genetic risk factors). It was agreed that birth prevalence of environmental congenital disorders can be reduced by immunization against rubella, early diagnosis and treatment of maternal diabetes, syphilis, toxoplasma or HIV, supplementation of foodstuffs with iodine, or iron when indicated, and provision of clean water, hygiene and information, and regulation limiting exposure to teratogens. By

contrast, constitutional congenital disorders require a portfolio of specific interventions including genetic risk identification, risk information and genetic counselling on options for risk management.

The participating countries shared preconception care experiences, that highlighted the need to improve maternal and child health through strengthening the implementation of preconception care interventions in the Region. Participants discussed the different steps required to design and implement preconception care programmes at country level: starting with the review of the existing evidence-base, followed by the development of preconception care guidelines, training of health providers and advocacy to engage the community using messages on the role of preconception care in preventing congenital disorders. It was noted that most preconception care interventions adopted within primary health care services include premarital screening and counselling, family planning, nutritional interventions, prevention and management of infections, and screening for chronic disease.

Although participants agreed on a set of core interventions for a preconception care package, challenges were highlighted including the fragmentation of related interventions, difficulties in reaching disadvantaged groups, shortage of skilled human resources, lack of financial support, genetic illiteracy among populations and health providers, lack of relevant strategies containing a well-defined package with preconception care core indicators, and the lack of observational data due to diagnosis of the majority of congenital disorders requiring sophisticated clinical and laboratory facilities.

The importance of adopting the preconception care framework was emphasized, with a focus on strategic orientations, key interventions, service delivery channels and target populations. Communication channels, operational research, and monitoring and evaluation were identified as key elements to be considered when developing preconception care national strategies.

The importance of coordination among partners was also highlighted, particularly in relation to the establishment of a preconception care national task force, the development of a national strategy, integration of the preconception care package within existing health programmes, and strengthening follow-up and evaluation activities.

3. Next steps

Member States

1. Communicate identified priority actions to the concerned strategic decision-makers.
2. Develop operational plans for strengthening preconception care services for the period 2016–2017.
3. Integrate the preconception care package within the existing programme rather than as a vertical programme.
4. Identify areas that require technical support from WHO, UN agencies, academia, international organizations and other concerned partners.
5. Submit operational plans by 1 July 2015.
6. Conduct an assessment of preconception care gaps and develop the preconception care plan of action (including monitoring and evaluation indicators) accordingly.

WHO and partners

7. Draft the suggested preconception care core interventions list and framework within two weeks and share it with participating countries and experts for finalization by December 2015.
8. Provide technical support to Member States to develop operational plans for strengthening preconception care services in 2016–2017.
9. Develop a standardized training package based on existing tools and documents.

10. Develop a preconception care network of experts, focal points and other stakeholders, and identify the best model for facilitating continuing communication among experts, Member States and other actors, in order to ensure successful implementation of preconception care interventions.
11. Share preconception care best practices, literature and relevant preconception care materials with countries and ensure their dissemination.



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