

Global Health Research Bulletin

Bureau of International Medical Cooperation, National Center for Global Health and Medicine, Japan

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Publication list of NCGM-BIMC is available from below:
<http://www.ncgm.go.jp/kyokuhp/research/results/index.html>

Green bar opens links to abstracts of articles on infectious diseases, red bar maternal & child health, blue bar health system and yellow bar others.

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HIGHLIGHTS

- Early essential neonatal care package is being rolled out in the Western Pacific.
- Cambodian nurses share interventional medical tasks with doctors and bedside care tasks with patients' family.
- Refusal of polio vaccination in polio endemic areas reflects cultural, religious and political perceptions.

Improving Maternal and Newborn Care: A Global Perspective

Though significant improvement in maternal and newborn health has been reported globally and particularly in developing Asia towards the Millennium Development Goals (MDGs), much remains to be done in the area. Indeed, the maternal mortality goal (MDG5) and the newborn aspect of the child mortality goal (MDG4) are widely perceived as the hardest ones to reach.

In September 2014, Obara et al¹ introduced the joint WHO-UNICEF Regional Action Plan for Healthy Newborn Infants, a platform on which countries can scale-up quality intrapartum, postpartum and newborn care. The Plan aims to reduce preventable newborn mortality by providing universal access to high quality early essential newborn care (EENC). The core part of the EENC is packaged under the name of "The First Embrace," which includes early skin-to-skin contact between mother and baby, proper baby warming as a result of the early contact, feeding and cord care. Based on country case studies, the authors elaborated the strengths and weaknesses of the Plan. Strengths include guiding specific actions along the timeline from labour onset until 3 days after delivery. Weaknesses include measuring some target indicators, particularly those related with quality of care.

In August 2014, Obara et al, as a member of a team led by Souza,² elaborated maternal and perinatal health research priorities beyond 2015 as a result of an international survey and prioritization exercise. A total of 140 active researchers in the field scored a list of 190 research questions for improving maternal and perinatal health in light of research priorities. By far the most prioritized research question was the evaluation of implementation and delivery of ongoing maternal and perinatal health interventions. Under this research question category, training and/or awareness interventions and access to interventions and/or services were

the most prioritized sub-themes. Discovery of new interventions and technologies were relatively low priority.

The above two works highlight the need to scale-up effect-proven interventions in maternal and newborn care and also to evaluate the ongoing interventions to formulate a solid evidence-base as a backdrop of the area in moving towards the MDGs and beyond.

Obara H, Sobel H. Quality maternal and newborn care to ensure a healthy start for every newborn in the World Health Organization Western Pacific Region. BJOG 2014; 121 (Suppl. 4): 154–159.
<http://www.ncbi.nlm.nih.gov/pubmed/25236650>

Souza et al. Maternal and perinatal health research priorities beyond 2015: an international survey and prioritization exercise Reproductive Health 2014;11:61.
<http://www.reproductive-health-journal.com/content/11/1/61/abstract>



A mother and a child in a remote hospital in Lao PDR

BIMC-NCGM attended the 1st WCC Forum

The Bureau of International Medical Cooperation (BIMC), National Center for Global Health and Medicine, Japan (NCGM) has been designated as the World Health Organization Collaborating Centre (WHOCC) for Health Systems Research since 2009.

WHO Office for the Western Pacific (WPRO) held the 1st Regional Forum of the WHOCCs in the Western Pacific on 13-14 November 2014. BIMC-NCGM exchanged its works and experiences with the WHO and other CCs focusing on health systems, such as Institute of Health Systems Research, Malaysia and Seoul National University, the Republic of Korea.

As a deliverable of the CC activities of the BIMC-NCGM, a report focusing on malaria control and health system strengthening (HSS) is now available online at the following link.
http://www.ncgm.go.jp/kyokuhp/library/research_doc/index.html

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MEET THE RESEARCHERS

Hiromi Obara, MD, MSc, of the NCGM, while seconded to the World Health Organization Office for the Western Pacific (WHO-WPRO), evaluated Early Essential Neonatal Care (EENC) and elaborated research priorities of global maternal and perinatal health (see p1). In a short interview below, she talks about the potential of multi-country comparative research.

-Why is multi-country comparative research needed and how can it be done?

Obara: The WHO needs to link research findings to programme implementation and such needs motivated me to conduct multi-country comparative research. Finding commonality among various situations and issues across different countries was often the first step towards generalization, conceptualization and policy recommendation.

-How can we link research to effective policy recommendations?

O: First, the result presentation should be

simple and easy to understand. Second, it is effective to present inter-country comparisons. Countries showed interest in their relative status among neighbouring states, and regional and global decision makers often grasped the message clearly. Lastly, policy recommendation needs to reflect the boldness required at policy level. While detailed and specific technical recommendations are essential to programme improvement, a policy recommendation should eloquently transmit a direction from an overview and a future ideal.

-What interested you most in conducting research in the WHO?

O: By comparing abortion-related legislation and policies of seven Member States, a particular country could identify exactly what to do to advance safe abortion. It is a good example of how inter-country comparisons can identify gaps, and the recognition of such gaps can lead to policy decisions.



Hiromi Obara MD, MSc, BIMC-NCGM

PROVIDERS OF NURSING SERVICES IN CAMBODIAN HOSPITALS

Nurses comprise the largest part of human resources for health globally. While the roles of nurses and the value system behind the profession are well defined in developed countries, they are not well established in most developing countries. Nurses in developing countries often play very different roles than those in developed countries. Also, care providers other than nurses, such as patients' family, play important roles in providing nursing services in hospitals.

Sakurai-Doi et al¹ studied who provided nursing services in nine major hospitals in Cambodia by conducting in-depth interviews with nurses in reference with a pre-determined nursing task list. While non-invasive medical care such as vital signs monitoring was designated almost exclusively to nurses, nurses also participated in performing more complex medical interventions, such as suturing wounds and changing tracheotomy tubes, by sharing the tasks with medical doctors. Conversely, simpler nursing tasks, including maintaining bedside hygiene and supporting patients' activities, were shared with patients' family.

Above findings have important implications for the ongoing development of the nursing legislation in Cambodia. First, in addressing the optimal personnel mix and task sharing between doctors and nurses, it is necessary to develop the nursing legislation in harmony with the medical legislation. Second, the nursing legislation ought to encompass how nurses should supervise unqualified service providers such as patients' family rather than excluding them from providing non-medical nursing tasks in hospitals.

Reference

1. Sakurai-Doi Y, Mochizuki N, Phuong K, Sung C, Visoth P, Sriv B, Amara SR, Murakami H, Komagata T, Fujita N. Who provides nursing services in Cambodian hospitals? Int J Nurs Pract 2014; 20 (Suppl. 1): 39–46.
<http://onlinelibrary.wiley.com/doi/10.1111/ijn.12249/pdf>



A scene of nursing training in Cambodia

VACCINE REFUSAL IN NORTHWEST PAKISTAN

Refusal of the oral polio vaccine (OPV) is a difficulty faced by the Polio Eradication Initiative (PEI) in multiple endemic areas, including the Khyber Pakhtunkhwa Province (KPP), Pakistan.

In 2007, the NCGM conducted a combined qualitative and quantitative assessment to reveal community perceptions of the OPV and estimate the prevalence of OPV refusal in three districts in Swat Valley, KPP¹.

The qualitative assessment identified the facts (too frequent OPV campaigns, an OPV boycott in northern Nigeria in 2003 and that birth control is viewed as is against Islam), the local interpretations of these facts (perceptions that OPV contained birth control or pork, that OPV

was a foreign/central plot against Muslims, and that the vaccination was against the Hadith and the fate determined by God) and different manifestations of OPV refusal. Mothers unwilling to give OPV to their children ranged from 0.5 to 5.7% by district.

The results suggest that global health initiatives such as PEI needs to reflect local value systems, particularly the religious and cultural ones as well as the interpretation of the international political situation.

Reference

1. Murakami, H. Kobayashi, M. Hachiya, M. Khan, ZS. Hassan, SQ. Sakurada, S. Refusal of oral polio vaccine in northwestern Pakistan: A qualitative and quantitative study. Vaccine 2014; 32(12): 1382-1387.
<http://www.ncbi.nlm.nih.gov/pubmed/24492016>



A father bringing his newborn baby to a basic health unit for immunization in KPP, Pakistan.