FORMER INITIATIVES FOR THE ADOPTION OF GOOD PRACTICE IN VIEW OF THE HUMAN RIGHTS PROTECTION IN THE PROCESS OF PREVENTION/ELIMINATION OF MORTALITY AND DISEASES OF MOTHERS

I. The following were the starting points for the preservation and improvement of mothers’ health and adoption of good practice in view of the human rights protection in the process of prevention/elimination of mortality and diseases of mothers:

- Strategic documents, projects and decisions of the Serbian Government, pertaining to the improvement of the position and health protection of women, particularly mothers;
- Studies on the health of the Serbian citizens;
- International projects and documents.

- Strategic documents, projects and decisions of the Serbian Government, relating to the improvement of the position and health protection of women, particularly mothers:
  1. The National Strategy for the Improvement of the Position of Women and Advancement of Gender Equality was adopted on 13 February 2009. One of the six goals refers to the improvement of women’s health and advancement of gender equality in the health care system. The action plan for the implementation of the Strategy was adopted in August 2010.
  2. The National Plan of Action (NPA) for children (February 2004) included the established state policy for children for the period to 2015. One of the NPA priorities is to set up a comprehensive system for the protection of children from abuse and neglect, which will ensure that the protection of children is implemented in adherence to the principles of the Convention on the Rights of the Child and the principle of the best interest of the child.

In 2006, the Serbian Ministry of Health founded the state commission for the perinatal protection, while in 2008 the state expert Commission for the health protection of women, children and youth was founded.

The existing REC for perinatal health care and family planning, established 2006, became the authority of the newly established Republic Expert Commission for Health care of Women, Children and Youth (below, REC for women, children and youth) by decision of the MoH to unite all the activities in a comprehensive health care system of women, children and young people. It works under the umbrella of MoH and is composed of 32 members (gynecologists, pediatricians, public health specialists) from reference institutions, MoH, professional associations and Serbian schools of medicine, as well as of representatives of all health care levels: primary, secondary and tertiary levels from all regions of Serbia. The members were nominated at the end of October 2008 by the Ministry of Health.
The Commission has the following tasks:

- To consolidate all the activities within the implementation of National Policies for health care of women related to motherhood, children and young people in Serbia and to harmonize them with innovative approaches of health care, medicine and other relevant sciences.

- To coordinate the activities related to development, implementation, monitoring and evaluation of all national strategies, programs and action plans and clinical guidelines in this area of health care.

- To coordinate the work of other Experts commissions, previously established for specific areas in health care of these populations, in cooperation with relevant departments of the Ministry of Health, representatives of other Ministries, governmental organizations, non-governmental organizations and international organizations in order to implement the goals of the strategies, programs and projects.

- To take part in the work of harmonization of legal documents with the standards of the European Union and the related international documents (e.g. Millennium Development Goals, World Health Organization Declaration on Health of World Population, European Strategy of World Health Organization “Regional Health – 21 Goal for 21st Century”, European Strategy for Health and Development of Children and Youth of World Health Organization and others);

- To work on the planning of development, strengthening and improvement of quality and services of health care for mother and child;

- To take part in the planning of the content, the organization and the evaluation of the programs for continuous medical education of health professionals and associates.

The initial activities of the Commission for the health protection of women, children and youth included the participation in round tables with civil sector organized by the Ministry of Health, with the following topics: Maternity clinics are our joint responsibility; and, Be friendly to pregnant women. The results of the survey on the condition in maternity clinics (accommodation, the number of staff, the implementation of contemporary protocols) were discussed, as well as the findings of the survey on the pregnant women’s satisfaction, and certain cases of mothers’ and newborns’ deaths were talked about. The Recommendations for the medical indications for the epidural analgesia/anaesthesia implementation at childbirth were adopted, along with the Recommendations for the presence of husbands, parents or other persons close to mothers at childbirth.

**Guideline Antenatal care at the primary health care level** is developed in 2005 and dissemination and implementation of it was conducted through Seminars for primary health care professionals as well as for secondary and tertiary health care institutions during 2006 and in 2007. It was submitted as the core document in defining basic package of services granted by Health Insurance Fund of Serbia. The second part of the Guideline are algorithms for
management of different high risk clinical statuses in pregnancy i.e. Pregnancy Induced Hypertension, Gestational Diabetes, RhD incompatibility, preterm labor, habitual miscarriage, HIV vertical transmission and infections. The guidelines developed in aim to ensure appropriate clinical care and also attempt to contain health care costs, target primary as well as secondary care. The National Guideline is published as electronic versions on web site of Ministry of Health of Republic of Serbia www.zdravlje.rs.gov.rs.

The Government approved the budget financing of the Project “Improvement of women, children and youth health” made by MoH and the Institute of Mother and Child Health Care of Serbia in 2007. The first phase was accomplished in 2008 with the innovating of the National Programme of women, children and youth health care, whereas the government adopted the Programme and issued a Decree on 16 April 2009. (published in Official Gazette) with the elaboration of the respective action plan;

The Serbian Institute for the Health Protection of the Mother and Child together with UNICEF has continued working on the project “The Implementation of the National Programme for Women, Children and Youth Health Protection”. Some of the project outcomes were the Professional and Methodological Instructions for the Implementation of the Directive on the Health Protection of Women, Children and Youth, two guidebooks to good practice – “Recommendations for the Diagnostics, Prevention and Treatment of Iron Deficiency and Sideropenic Anemia”, and “A Guidebook to Primary and Specialized Care of the Newborn Babies” (2009-2010).

The main objectives are to reduce maternal, perinatal, neonatal and infant mortality and improve maternal and neonatal health up to 2015 by: Inclusion in the health care system all pregnant women, Follow-up of vulnerable groups, Special research and preventive interventions, Measures of prenatal care, Related Strategies and Action plans, Strategy for poverty reduction, Orientation to health determinants and healthy living, Strengthening maternal and child health care services, Education of physicians in primary health care, revitalization of Baby and Mother-friendly hospitals and support to breastfeeding, adopting and implementing the Evidence based (EB) guidelines, Prevention and screening of disorders, Supporting programmes of reproductive health of young people. Our 5. MDG also includes: Reduction of abortion rate for 1/2; Increasing of scope of contraception use 2 times; Maintenance of fertility rate at 1,5; Decrease women of fertile age mortality for 1/3; Decrease maternal mortality ratio for 1/5.

The laws, national strategies and other documents which additionally regulate this field in the Republic of Serbia: The Abortion Law (1995); the Strategy for the Poverty Reduction (2003); the Strategy for Fighting HIV/AIDS to 2010 (2005); the Strategy for the Youth Development and Health in the Republic of Serbia (November 2006); the Nationalization of the Millennium Development Goals (2006); the Strategy for the Mental Health Development (2007); the National Youth Strategy (May 2008); the Strategy for Encouraging Births (October 2008); the Strategy for the Improvement of the Position of Romas in the Republic of Serbia (2009); and

- The studies on the health condition of the Serbian population:

1. In 2006, the findings of the UNICEF multiple indicator cluster survey of health condition of women and children younger than five years conducted in 2005 *(MICS - Multiple Indicator Cluster Survey)* were published.

2. In 2007, the findings of the survey on health condition of the Serbian population were published. The survey was conducted by the Serbian Institute of Public Health "Dr. Milan Jovanovic Batut" in 2006.

3. Analytical studies were made in the field of Mother and child, adolescent health status and care, published as “*Women, child and adolescent health care and health status Study in Republic of Serbia 1991-2007*” and presented by the Institute of Mother and child health care of Serbia, thought the many national and international conferences and Congresses.

- International projects and documents.

  The project Strengthening National Capacities for Improving Maternal and Neonatal Health in 9 countries in South-eastern Europe

The objectives of the project, launched in 2006, were to collect baseline data on the performance of the maternal and neonatal health (MNH) sectors in the nine countries of south-eastern Europe (SEE); to identify regional and country-specific weaknesses in those sectors; and to propose recommendations to improve MNH in individual countries and the region as a whole.

The initial proposal for a project to improve MNH services and reduce perinatal and maternal mortality rates in the SEE region was presented in 2005 by Norwegian representatives at the Second Ministers’ Forum in Skopje. The government of Norway further declared its readiness to provide political, technical and financial support for the project. Serbia was among the nine SEE countries which agreed to participate.

The Project "Strengthening national capacities for improving maternal and neonatal health in South-Eastern Europe" is a result of collaboration and effort to reform health systems in the nine countries of SEE in cooperation with the Regional European WHO Office and the Council of Europe in the framework of the Social Cohesion Initiative of the Stability Pact, started in
The purpose of the project is planning and implementing policies and actions to strengthen the health systems in SEE for improving Maternal and Child Health, and to disseminate lessons learned.

During the period of 2006-2010, National coordinator made the assessment of the country profile and identified specific challenges in the field of MCH care and show the results of some changes in health care policy, specially in the field human rights.

Raise Quality of Care Provision in the Field of Maternal and Perinatal Health through the Development/update of National Standards, Clinical Guidelines and Protocols in the Field of Maternal and Neonatal Health in Serbia. WHO guidelines for mid-wife and doctors “Managing complications in Pregnancy and Childbirth” were adapted to local needs and developed into three different guidelines, more user-friendly protocols:

“General principles of treatment and care in the maternity ward”, “Physiological contractions and delivery”, General principles of communication with pregnant women and their families” (2009). Guidelines for midwives and doctors were put on the web site of the Institute of Mother and Child Health Care of Serbia, www.imd.org.rs, which is also the web site of the REC, as a subsidiary of the IMCH. Guidelines were printed the in 200 copies per each of them and distributed to maternity ward in Serbia.

The following international conventions and strategies have been implemented in the Republic of Serbia: the Convention on Eliminating All Forms of Discrimination against Women; the Convention on the Rights of the Child; the Millennium Declaration with the Millennium Development Goals; UN Declaration on the Survival, Protection and Development of Children and the Plan of Action for the Implementation of this Declaration; Health for Everyone in 21st century – framework for the European region; the WHO European strategy "Regional health – 21 goals for 21st century”; The European strategy for child and adolescent health and development, WHO Regional Committee for Europe; The National Program of women, children and youth health care was development following gender tools, based on the evidence that shows how gender differences and inequality influence various aspects of illness and health among girls and boys and in protecting the health of children and adolescents and promoting their development. The access to resources and the roles that society imposes on women determine their health and that of their children. Gender equality is the absence of discrimination on the basis of a person’s sex in opportunities, in the allocation of resources and benefits or in access to services.

II. Regarding the implementation of the Millennium Development Goals in the field of exercising the human rights to prevention and/or elimination of mortality and diseases of mothers, we’d like to point out the following:

The number of pregnant women who came for a gynecological check-up in the first trimester of pregnancy equalled 78%, on average 0.88 check-ups per pregnant woman (2008).
Since the Book of Rules outlines five check-ups of a pregnant woman and newborn baby, it can be said that 5.92 per pregnant woman took place in 2008. The surveys indicate the inequality among women, particularly Roma women, young women and poorly educated women (UNICEF, 2005). In the period from 1997 to 2007, so-called “schools for pregnant women” were opened in approximately 60% healthcare centres, and about 30% of healthcare centres organize psychological and physical preparation of pregnant women for childbirth. The introduction of these activities places the woman in the focus of primary healthcare.

In order to improve the availability of healthcare to the Roma population, particularly women and children, it was decided to employ health mediators as members of public health visiting teams who work together with healthcare workers in healthcare centres. Since 2009, 63 Roma health mediators have been employed.

In the period 2000-2007, the ratio of maternal mortality was highest in 2005 and 2006 – 13.9, i.e. 12.7 per 100,000 liveborns, and the smallest in 2007 when no single case of pregnancy complications, death at childbirth and puerperium was recorded. The ratio of maternal mortality in 2005 and 2006 was larger than the average in EU countries which was 5.65 in 2005, and in 2006 – 5.9 (WHO, HFA). In the same period, the percentage of childbirths in the presence of trained healthcare workers shows high figures and a constant rise – from 98.7% (2000) to 99.8% (2007).

The multiple indicator cluster survey (UNICEF, 2005) showed that in 2005 the presence of trained healthcare workers was somewhat smaller in the Roma population (95.4%), and even smaller among the inhabitants of Roma neighbourhoods (92.9%) – compared to the average in the Republic of Serbia (according to the same survey, it was 99%).

The important aspect of the advancement of health of women in the reproductive period relates to the fertility and family-planning. An unfavourable fertility trend has been continuously growing. The number of liveborns per 1,000 women of reproductive age was reduced to 22.3, and the number of children per woman – 1.4 (2007).

In the field of family-planning, the widespread form of birth control is still induced termination of pregnancy instead of modern contraceptive methods. The percentage of married women or women with an intimate partner using the contraceptive methods was 37.3% in 2006. The rate of induced abortions among women in the reproductive age was 1,149.4 per 100,000 women of reproductive age. In the adolescent population (15–19 years of age) there were 443.9 pregnancy terminations in 100,000 pregnancies in 2007.

The mortality of women in the reproductive age has been reduced to 102 per 100,000 women (2008). It is expected that by 2015 it will have been reduced for a third provided the mortality rate of women in the reproductive age with malign diseases keeps diminishing.
In order to reduce the number of deaths caused by pregnancy complications, childbirths and puerperia, the focus has been shifted to risk groups (adolescent women, poor women, poorly educated women, women with chronic diseases, and other marginalized groups).

The reduction of induced termination of pregnancy rate could be effective with a well-organized promotion of contemporary contraceptive methods. The health promotion and healthcare education of adolescent and adult women and their partners are necessary, together with mobilizing the local community, civil associations and the media. It has been planned to carry out surveys which would include women who had several induced terminations of pregnancy and women with risky behaviour and then estimate the influence of their sex partners. The financial incentives are necessary, for instance providing the modern contraceptive methods and devices at prices reduced for the population with low income.

In order to further reduce the death rate of fertile women, particularly deaths caused by malign diseases, the number of women invited to preventive medical examinations in the primary healthcare system will be increased, as well as the number of women invited to cervical screening for the early detection of cervical and breast cancer.

The results of all activities Commission and referent Institutions with MoH, UNICEF, WHO, NGOs, professional associations in the field, are as follows: the better national statistical system in demographical issues and registration of maternal and child health, morbidity and mortality, nationalization of Millennium development Goals, effectively monitoring of progress towards MDG, specially in collecting disaggregated data by age, rural/urban, marginalized women and adolescent girls, as well as by socio-economic status. All documents were made on the documents of Child Rights, Human, Womens Rights, Gendar equity approach. In that period on the National level, we improved health care sistem.

The next priorities were identified for the further development of MNH services:

- Implementation of the elaborated Programmes and Guidelines;
- Elaboration of the outcome indicators for the Programmes Evaluation;
- Implementation of the elaborated tools through training courses, continuous education, workshops;
- Quality improvement through Improvement of the information system, monitoring and evaluation mechanisms
- Continuous education using the evidence-based guidelines for: Prevention, Treatment and Recording and follow-up (10th ICD)