Proceeding / Technical Brief

PMAC 2022 Side Meeting

Protect Our Future : Mitigating the Impact of COVID-19 on Maternal and Child Health

21 December 2021, Online

December 2022

The Partnership Project for Global Health and Universal Health Coverage (GLO+UHC) Phase 2

PMAC 2022 Side Meeting
"Protect Our Future : Mitigating the Impact of COVID-19 on Maternal and Child Health"

Executive Summary

The COVID-19 pandemic is posing great challenges for maternal and child health (MCH) both directly and indirectly. The most grievous direct impact is maternal death. One of the significant indirect impacts is the disruption of health services. A decrease in antenatal clinic attendance as well as utilization of pediatric care and routine health services such as growth monitoring and vaccination is observed in various parts of the world. This side meeting aimed to review the direct and indirect impact of COVID-19 pandemic on maternal and child health; to share with participating countries the lessons learned during the crisis on the protection of MCH; and to identify policy implications on how to respond quicker to protect pregnant women and children from the COVID-19 and any future pandemics.

The Partnership Project for Global Health and Universal Health Coverage (GLO+UHC) Phase 2, a collaborative project among the Thai Ministry of Public Health (MOPH), National Health Security Office of Thailand (NHSO), and the Japan International Cooperation Agency (JICA), organized the Side Meeting of the Prince Mahidol Award Conference (PMAC) under the theme of "Protect Our Future: Mitigating the Impact of COVID-19 on Maternal and Child Health" on 21 December 2021 in Bangkok, Thailand.

In the side meeting, five country presenters from Thailand, Lao PDR, Japan, Cambodia, and Vietnam shared their situations, efforts, and remaining challenges of each country in their attempt to protect mothers and children, followed by an insightful reflection by a Thai expert and a panel discussion. Most countries experienced a decrease in service utilization of essential services of MCH and family planning due to the COVID-19 pandemic. However, the countries' early responses averted severe disruption of health services most commonly through designing-new-normal MCH service delivery models, developing guidelines for MCH providers, enhancing health communications, and utilizing volunteers in communities. The remaining challenges include low COVID-19 vaccination rate among pregnant women; delivery mode and breastfeeding of COVID infected mothers; burden of COVID-19 on health facilities and health workforce; and lack of mothers and children database for strategic planning under the pandemic. The meeting highlighted some keys to success in protecting maternal and child health under pandemic conditions as how to develop a resilient and efficient MCH service delivery system; how to strengthen the database system of mothers and children; how to improve the quality of health-care, including the capacity of healthcare providers; how to encourage local community and local government to develop primary health care; and how to achieve community involvement for protection of mother and child health.

Contents

List of abbreviations

ANC	Antenatal care
COVID-19	Coronavirus Disease 2019
DOH	Department of Health
FP	Fund for Population
GLO+UHC	The Partnership Project for Global Health and Universal Health Coverage
JICA	Japan International Cooperation Agency
LARC	Long-Acting Reversible Contraceptive
MCH	Maternal and Child Health
MH	Maternal Health
MMR	Maternal Mortality Rate
MOH	Ministry of Health
MOPH	Ministry of Public Health
NHSO	National Health Security Office
NMCHC	National Maternal and Child Health Center
PMAC	Prince Mahidol Award Conference
PNC	Post-Natal Care
PPE	Personal Protection Equipment
RMNCAH	Reproductive, Maternal, Newborn, Child, and Adolescent Health
SRH	Sexual and Reproductive Health
SRMH	Sexual Reproductive Maternal Health
UHC	Universal Health Coverage
UNFPA	United Nations Population Fund
WHO	World Health Organization

Background

The COVID-19 pandemic is posing great challenges for maternal and child health both directly and indirectly. The most grievous direct impact is that COVID-19 in pregnancy is associated with increases in severe maternal morbidity, preterm birth, and, worst of all, mortality[1]. Although there are no global statistics, in Thailand, for instance, some 40% of pregnant women who succumbed in Thailand from October 2020 to September 2021 did so due to COVID-19 infections, according to the Ministry of Public Health[2]. In response, many countries now prioritize pregnant women for vaccinations.

One of the significant indirect impacts is the disruption of health services. Countries face difficulties in maintaining the provision of high-quality, essential maternal and child health services while significant financial, commodity, and human resources are required in response to COVID-19. A WHO survey revealed that the majority of 105 surveyed countries reported some disruption in reproductive, maternal, newborn, child, and adolescent health (RMNCAH) and nutrition services[3]. The pandemic also affects users' side; patients are afraid of infection risk and therefore avoid or delay their healthcare visits. A decrease in antenatal clinic attendance is observed worldwide[4]. Reduction in the utilization of pediatric care and routine health services is also observed in routine vaccinations[5], health check-ups, emergency department[6], and dental services[7]. It is critical to examine and mitigate the negative impact of the COVID-19 pandemic on maternal and child health as well as child development.

Along with a sub-theme of the PMAC 2022, "Learning from the COVID-19 Pandemic to Better Prepare for Tomorrow's Challenges", the Partnership Project for Global Health and Universal Health Coverage (GLO+UHC) Phase 2, a project among the Thai Ministry of Public Health (MOPH), National Health Security Office of Thailand (NHSO), and the Japan International Cooperation Agency (JICA), organized the Side Meeting "Protect Our Future: Mitigating the Impact of COVID-19 on Maternal and Child Health" on 21 December 2021 in Bangkok, Thailand. By inviting five Asian countries, namely, Thailand, Lao PDR, Japan, Cambodia, and Vietnam, the side meeting aimed to review the direct and indirect impact of the COVID-19 pandemic on maternal and child health; to share with participating countries the lessons learned during the crisis on the protection of maternal and child health; and to identify policy implications on how to respond quicker to protect pregnant women and children from the COVID-19 and any future pandemics.

Impact of COVID-19 on MCH services and health outcomes

The impact of COVID-19, in general, greatly differs across the countries depending on the incidence; demographic structure; government's responses, including social restrictions and public health measures such as vaccine distribution; and the healthcare system. However, presentations from the five countries brought out common ground. Most countries experienced a decrease in service utilization of essential MCH services due to the COVID-19 pandemic, especially during the lockdown period. Lao PDR and Vietnam also reported that the drop has been seen in access to modern contraceptives, which might increase the number of unintended pregnancies. However, the countries' early responses averted severe disruption of health services (Figure 1). The cause of the disruptions varied from demand-side factors (e.g. fear of infection, limited transportation) to supplier-side factors (e.g. lack of health resources, including skilled MCH providers being redeployed to COVID responses).

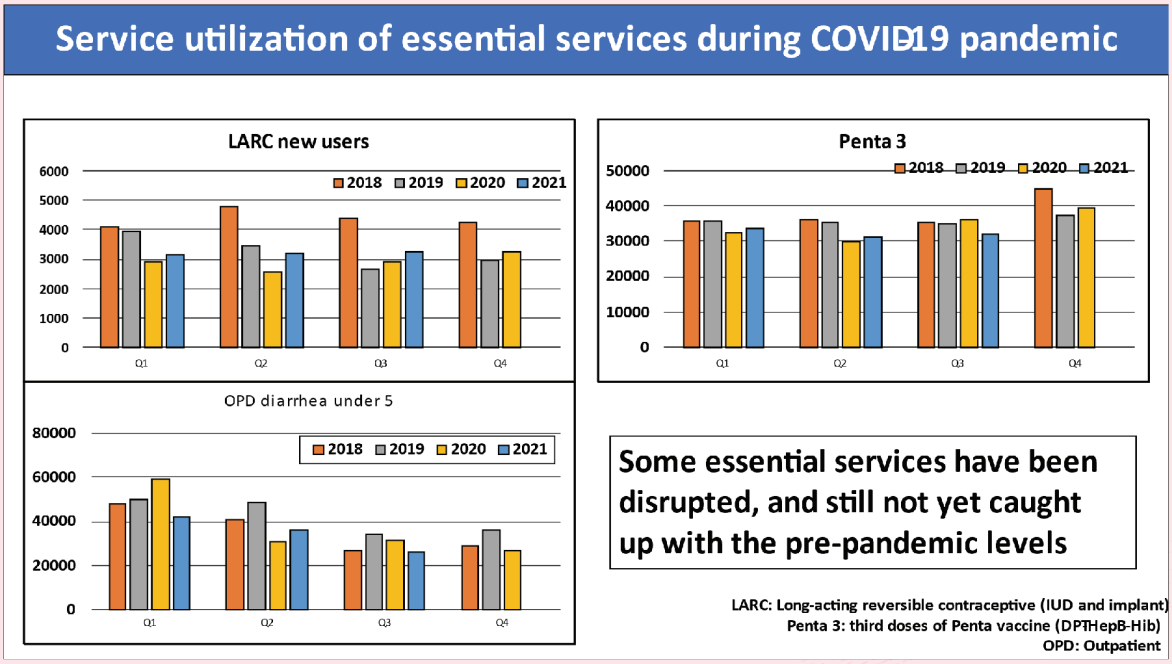

Figure 1. Decrease in health service utilization in Lao PDR

The impact of COVID-19 on health outcomes was also presented. We observed that the degrees of impact on maternity death differ across the countries. Although Thailand and Vietnam had achieved relatively low rates of maternal mortality among the South-East Asian countries as shown in Table 1, the large number of COVID cases pushed up the number of maternal mortality due to COVID-19. On the other hand, Lao PDR, with a relatively small number of COVID cases, experienced few maternal death due to COVID-19. Japan had no reported maternal death due to COVID-19 and showed no severe effect of COVID-19 infection in pregnant women and fetuses from the registry of COVID-19 in pregnancy. Also, Thailand reported that eclampsia rate and gestational diabetes mellitus rate became higher (Figure 2) due to less provision of regular MCH services such as antenatal care (ANC).

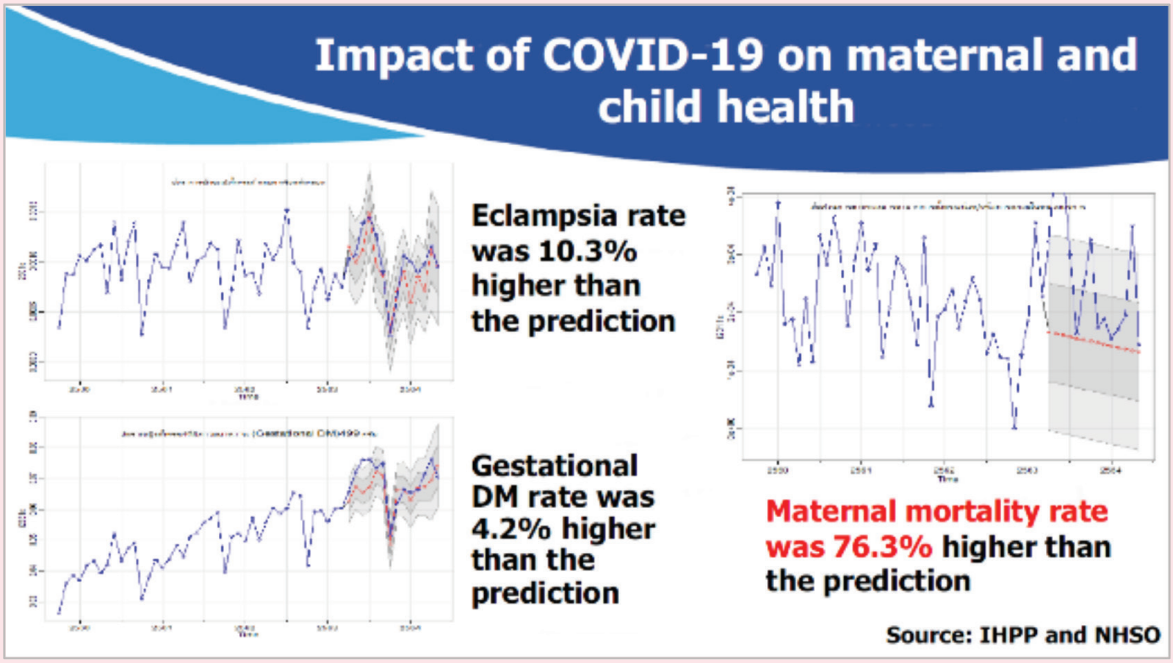

Figure 2. Impact of COVID-19 on health outcomes in Thailand

Table 1. Basic MCH data of the countries

	Population (million) (2019)	Maternal mortality ratio (per 100,000) (2017)	Maternal deaths (estimated) (2017)	Neonatal mortality ratio (per 1,000) (2019)	Neonatal death (estimated) (2019)	Infant mortality ratio (per 1,000) (2019)	Infant deaths (estimated) (2019)
Thailand	69.6	37	270	5.3	3,759	7.7	5,493
Lao PDR	7.2	185	310	22.0	3,637	36.4	5,999
Japan	126.3	5	44	0.8	782	1.8	1,682
Cambodia	16.5	160	590	14.5	5,257	22.8	8,273
Vietnam	96.5	43	700	10.5	16,587	15.9	25,210

(Ref. UNICEF Data Warehouse)

Table 2. COVID situation of the countries (latest data as of 21 Dec 2021)

	Population (million) (2019)	Total cases[1] (million)	Total cases per million people	Total deaths[1]	% of population fully vaccinated[2]
Thailand	69.6	2.20	31,559	21,440	62.8
Lao PDR	7.2	0.10	13,962	284	41.7
Japan	126.3	1.73	13,698	18,379	79.9
Cambodia	16.5	0.12	7,299	3,005	82.0
Vietnam	96.5	2.37	24,560	30,301	57.9

(Ref. 1. Worldmeter, 2. Our World in Data)

Challenges and good practices

- **Burden of COVID-19 on health facilities and health workforce**

Most countries reported that COVID-19 increased the workload of health staff in charge of MCH. They need not only to care for COVID infected patients, but also to be redeployed to COVID-19 responses such as testing, vaccination, standby at quarantine stations, etc. It causes lack of skilled MCH providers at MH facilities as well.

The most common response to this issue was building a resilient health service delivery system to ensure access to health services. Lao PDR sought an optimal service delivery model based on the evidence and made a policy recommendation promoting pregnant women with low risk to seek routine ANC at local healthcare providers because the higher-level facilities, designated as COVID-19 care facilities, were overwhelmed amid the spike in COVID cases. Thailand also modified the ANC service process into a one-stop service to increase system performance. Telemedicine and the use of digital platforms are promoted in Thailand and Vietnam. One more important thing is to build a resilient referral system for higher level hospitals, especially in more remote areas. To do so, Thailand and Cambodia mentioned it was essential to create a strong maternal and child health network with a wide range of stakeholders, including local authorities, community representatives, and health facilities.

Another solution is to develop workload mitigation plans. Cambodia emphasized the importance of building a balanced rotation of health workers to support COVID response while also maintaining enough midwives/health staff in charge of MCH at the health facilities. Vietnam mobilized health workers from low pandemic areas to high pandemic areas. Mobilization of health workers from private sectors or out of the Ministry of Health network, such as military hospitals and police hospitals, was recommended as well. While in-person trainings and coaching for health staff have been disrupted, it is required to provide technical support as well as psychosocial support and essential protection supplies to health staff.

- **Lack of mothers and children database for strategic planning under the pandemic**

COVID-19 shed light on the existing issues of weak health information system. The countries re-realized the importance of accurate and timely information on maternal and child health as well as the COVID-19 pregnancy cases for strategic planning under the pandemic to make sure that any gaps will be filled. Thailand pointed out that there was no single platform to collect all relevant data in the country, which is an emerging challenge resulting in increased hospital workload and under-reporting. Vietnam also mentioned vital sexual and reproductive health (SRH) data recording and reporting may be neglected. In Japan, the registry of COVID-19 in pregnancy presented in the meeting was not even a national system. It is required to set national central registry systems that are real-time, accurate, and able to record detailed information necessary for MCH policy development under the public health emergency situation.

- **Delivery mode and breastfeeding of COVID infected mothers**

Preventing transmission from COVID infected mother to the newborn and healthcare staff during labor and delivery and postpartum care is a critical issue. Japan reported cesarean delivery was common in COVID-infected women. Though WHO's technical advice is that cesarean sections should only be performed when medically justified[8], it is considered as a practically efficient way especially in resource-poor obstetrical midwife settings, to save the resource so that healthcare providers can prepare for the next patient. On the other hand, the commentator, *Prof. Pisake Lumbiganon,* Department of Obstetrics and Gynecology, Faculty of Medicine, Khon Kaen University, Thailand, warned that an unnecessary cesarean section in women with COVID-19 could lead to a decline in breastfeeding. WHO recommends that mothers with suspected or confirmed COVID-19 should be encouraged to initiate or continue breastfeeding, which is the cornerstone of infant and young child survival, nutrition, and development[9]. It is important to ensure that quality essential services can be provided, regardless of COVID-19 infection status, with proper infection prevention and control measures. Lao PDR showed an example in line with WHO recommendation, encouraging immediate skin-to-skin contact between mothers infected with COVID-19 and babies and breastfeeding. On the other hand, Japan reported mother-infant separation was common among births within two weeks after the diagnosis for COVID as a means to totally prevent mother-to-child infection while avoiding extra strain to limited neonatological resources. Delivery mode and breastfeeding of COVID-19 infected or suspected mothers are the issues which need careful consideration in accordance with the countries' healthcare resources and the situation of the pandemic.

- **Low COVID-19 vaccination rate among pregnant women**

COVID-19 vaccination for women who are pregnant or trying to get pregnant has been recommended because COVID-19 during pregnancy puts them at higher risk of severe illness and preterm birth[10]. Increasing the rate of COVID-19 vaccination among pregnant women also serves to boost immunity in the community, especially for postpartum women. However,

despite increasing evidence on the safety and effectiveness of COVID-19 vaccination during pregnancy, uptake has been lower in pregnant women. *Prof. Pisake* emphasized that the low COVID-19 vaccination rate for pregnant women is still a big issue that we have to work harder to achieve better coverage. In Thailand, the vaccination rate among pregnant women is merely 20%, one-third of the vaccination rate among the whole population. The obstacle is mainly fear of adverse effect, especially on the newborn. The countries reported there was an “infodemic” an epidemic of fake or misleading negative information, especially from social media, which caused confusion.

How can we manage infodemic? WHO showed 4 types of activities for infodemic management: 1) listening to community concerns and questions, 2) promoting understanding of risk and health expert advice, 3) building resilience to misinformation, and 4) engaging and empowering communities to take positive action[11]. In the side meeting, community engagement was raised as a key, as shown in the above 1) and 4). Thailand, Cambodia, Lao PDR, and Vietnam shared that utilizing volunteers in communities to distribute information on COVID-19 and MCH services was helpful, particularly during lockdown or travel restriction. Especially, Lao PDR presented in detail about their “villagers at the center positive approach” in which they position facilitators as “listeners” rather than “teachers” so that the villagers share local knowledge with facilitators. In addition, beneficiaries, such as pregnant women, joined in the planning process. On the other hand, Japan shared that accurate information and advice provided and updated promptly by academic societies to both general public and healthcare providers was helpful, which corresponded to 2) above.

Recommendations for the next health emergency

The COVID-19 pandemic overwhelmed the health system of the countries. First of all, we urge the governments to prioritize the health and well-being of mothers and children and to ensure that representatives from MCH are involved in the development of the government's health policy and strategies. The important thing is that even while countries focus on and allocate more resources to responses of COVID-19 or any future pandemics, essential MCH services should be maintained. Key strategic areas to support the continuity of care include the followings.

- **Develop MCH service delivery system to be more resilient and efficient**

We have reaffirmed that creating an effective referral system is essential in strengthening primary care system. In addition, the countries introduced new-normal modes of service delivery such as one-stop ANC services and the use of digital platforms, including telemedicines and mobile applications.

Comprehensive services should be available, including optimal access to contraceptives and support for gender-based violences as well as antenatal and postnatal (including maternal, newborn, and infant) care and delivery.

Accessibility to vulnerable populations such as those living in remote areas and migrants should be ensured to achieve health equity.

- **Strengthen mothers and children database system for strategic planning under the pandemic**

Data health reform is required to integrate existing relevant databases and set simplified and standardized national registry systems that provide real-time information to monitor the effects of COVID-19 or any future pandemics on essential services as well as to identify more high-risk persons and take proper actions.

The challenge is not only to build a national database but also to collect and analyze data as quickly as possible to cope with changing situations. Data collection process should be well considered so as not to give health workforce an extra burden of manually correcting input omissions and errors in the database. We have reaffirmed that a robust health information system incorporating a regular monitoring system is essential to realize evidence-based responses.

- **Improve the quality of healthcare, including the capacity of healthcare providers**

High-quality essential MCH services should be provided to patients regardless of infection status. Evidence-based guidelines for healthcare providers should be prepared and updated accordingly.

It is required to have effective policies and measures for supporting healthcare workers. First of all, maintaining enough midwives/health staff in charge of MCH at health facilities is essential. Coordination among multiple stakeholders to enable a timely mobilization of healthcare workers from low pandemic areas or from private sectors should be enhanced. Secondly, it is recommended to develop new-normal health professional trainings while opportunities for in-person trainings and coaching of health staff have been decreased. Lastly, it is necessary to provide additional supports for infection prevention such as personal protective equipment (PPE) and psychosocial supports to respond to their stress from overwork or discrimination due to the pandemic.

- **Strengthen local community and local government and increase community engagement**

The local community and local government are important stakeholders of primary health care service The engagement of local community and authorities is crucial to support the emergency referral system. Utilizing health volunteers in communities and incorporating people's voices for the management of primary health facilities and their activities were also shared as good practices. They will help facilitate changes in people's health-seeking behavior to avoid delay in seeking care, especially during the lockdown, and to maintain or increase MCH service uptake.

Such a people-centered approach is also imperative for effective health communication in the current era in which increased access to internet connection and social media easily makes "infodemic" of negative rumours and misinformation and impedes people from taking appropriate preventive measures, including vaccination among pregnant women.

Conclusion

The meeting provided insights and lessons learned on the direct and indirect impact of the COVID-19 pandemic on maternal and child health. Most countries experienced a decrease in service utilization of essential MCH services and family planning due to the COVID-19 pandemic. Although the countries' early responses averted severe disruption of health services, there are some remaining challenges they have in common, including the burden of COVID-19 on health facilities and health workforce; low COVID-19 vaccination rate among pregnant women; and delivery mode and breastfeeding of COVID infected mothers. The pandemic also unveiled the existing issues in the health system such as the lack of real-time database of mothers and children that will enable evidence-based, real-time actions. The lessons learned from the countries highlighted some keys to success in protecting maternal and child health under pandemic conditions as how to develop a resilient and efficient MCH service delivery system; how to strengthen the database system of mothers and children for strategic planning under the pandemic; how to improve the quality of healthcare, including the capacity of healthcare providers; how to encourage local community and local government to develop primary health care; and how to achieve community involvement for protection of mother and child health.

This meeting was a part of the GLO+UHC project activities between Thailand and Japan. The project aims to share the knowledge and experience of the participating countries with other countries to promote equitable access to basic preventive and curative MCH services. We hope to have further collaborations and mutual learning opportunities to promote maternal and child health under Universal Health Coverage (UHC).

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Annex 1 Agenda

Time	Agenda		Speaker/Moderator
18.00 - 18.05	**Opening remarks**		Dr. Atthaphon Kaewsamrit, Deputy Director General of Department of Health (DOH), Ministry of Public Health (MOPH), Thailand
18.05 - 18.10	**Introduction of the theme and objectives**		Dr. Ekachai Piensriwatchara, Director of Bureau of Health Promotion, DOH, MOPH, Thailand
18.10 - 19:20	**Country presentations:** Good practices and challenges in the protection of maternal and child health under the pandemic of COVID-19		Moderator: Dr. Ekachai Piensriwatchara
	18:10-18:24	**Thailand** Good practices and challenges in the protection of maternal and child health under the pandemic of COVID-19: Thailand	Dr. Pimolphan Tangwiwat, Deputy Director of Bureau of Health Promotion and Head of Mother and Child Health Group, DOH, MOPH
	18:24-18:38	**Lao PDR** Country presentation: Lao PDR	Dr. Chankham Tengbriacheu, Vice Head of Administration, Planning, Monitoring and Evaluation Division, Maternal and Child Health Center, Ministry of Health
	18:38-18:52	**Japan** Practices and challenges in the maternal healthcare under the pandemic of COVID-19 in Japan	Dr. Masashi Deguchi, Specially Appointed Professor of Kobe University Graduate School of Medicine
	18:52-19:06	**Cambodia** Sexual Reproductive Maternal Health and Reproductive Rights in Cambodia during COVID-19	Asst. Prof. Pech Sothy, Deputy Director of National Maternal and Child Health Center
	19:06-19:20	**Viet Nam** Impact of COVID-19 on Maternal Health in Viet Nam	Dr. Dat Van Duong, Sexual and Reproductive Health Specialist UNFPA Vietnam Country Office
19.20 -19.25	**Reflections and comments**		Prof. Pisake Lumbiganon, Department of Obstetrics & Gynecology, Faculty of Medicine, Khon Kaen University, Thailand
19.25 - 19.55	**Q&A and panel discussion**		Dr. Ekachai Piensriwatchara
19.55 - 20.00	**Closing remarks**		Dr. Lalitaya Kongkam, Deputy Secretary-General of National Health Security Office

Annex 2 Country presentations and reflection

1. Thailand

Dr. Pimolphan Tangwiwat, Deputy Director of Bureau of Health Promotion and Head of Maternal and Child Health Group, Department of Health, Ministry of Public Health presented their good practices and challenges in the protection of maternal and child health under the COVID-19 pandemic.

Thailand experienced a significant increase in maternal and newborn death due to COVID-19. During April to December 2021, Thailand experienced 104 maternal death cases out of 6,208 infected pregnant women and 59 newborn death cases out of 291 newborn infection cases. There was a disruption of health services and its complex factors were considered, including limited resources for health during the peak of daily new cases, postponement of routine and non-urgent health services, the anxiety of pregnant women to visit hospitals, and limited transportation due to the lockdown. To improve service delivery, telemedicine and one-stop services were promoted for antenatal care (ANC) services, and the referral system to higher level hospitals was strengthened. Migrant workers were well-supported under the “Leave no one behind” principle.

Several more actions to avert the chaos were taken in the industrial sector. Work-from-home policy was encouraged among pregnant women as well as private employers. Public communication was also enhanced to further promote preventive measures.

Dr. Pimolphan shared Thailand’s remaining challenges under the COVID-19 pandemic. The first challenge is incomplete data input and data incompleteness. It is required to establish a stable and agile maternal and child health database. The second challenge is the low vaccination rate (around 20%) among pregnant women. Various health experts from MOPH and academia worked together to include pregnant women as a priority group, prepare guidelines, and implement safe vaccination. However, infodemic and political terrain interfere with vaccine campaign and lead to vaccine hesitancy even among healthcare workers. It is essential to increase vaccine literacy through media and public communication as well as to reassure healthcare workers about vaccine safety. Third, there is an inequitable resource allocation due to the low priority of ANC services.

Prof. Pisake Lumbiganon, Department of Obstetrics and Gynecology, Faculty of Medicine, Khon Kaen University, Thailand, highlighted the low vaccination rate and high mortality rate among pregnant women infected with COVID-19 as a key issue. The former was merely less than 10% and the latter was 1.7%, which was two times of general population. He added that healthcare workers were reluctant to encourage pregnant women to receive vaccination in fear of being blamed by the pregnant women and their families in the case that adverse side effects occur.

2. Lao PDR

Dr. Chankham Tengbriacheu, Vice Head of Administration, Planning, Monitoring and Evaluation Division, Mother and Child Health Center, Ministry of Health gave a presentation outlining the current reproductive, maternal, newborn, child, and adolescent health (RMNCAH) situation and challenges and actions.

Although Lao PDR has curbed the number of COVID-19 maternal death (6 cases so far), statistics show the utilization of essential RMNCAH services such as long-acting reversible contraceptive (LARC) use and third doses of Penta vaccine (DPT-HepB-Hib) has been disrupted and still not yet caught up with the pre-pandemic levels.

The first key challenge was the increased burden of COVID-19 response at health facilities, especially at the COVID-19 designated facilities such as central hopitals and provincial hospitals. Dr. Chankham stated that various available data enabled health authorities to develop an optimal RMNCAH service delivery model, in which pregnant women with low risk were encouraged to seek routine ANC at local health facilities such as health centers or district hospitals.

The second challenge was how to ensure the quality of healthcare on RMNCAH services for target populations with COVID-19. MOH, supported by WHO, issued an evidence-based technical guide named "Recommendations on Safe Provision of RMNCAH Essential Services In the Time of COVID-19" in August 2021 to guide decisions and actions of healthcare providers.

The third challenge was the lower uptake of RMNCAH essential services at health facilities. Strengthening local health governance on primary health care and enhancing community engagement in the time of COVID-19 were reported as very effective measures.

Prof. Pisake highlighted that it was interesting to observe that, in Lao PDR, after childbirth, a baby should be with a mother, even with confirmed COVID-19, and receive immediate skin-to-skin contact at least for 90 minutes along with initiating breastfeeding.

3. Japan

Dr. Masashi Deguchi, Specially Appointed Professor of Kobe University Graduate School of Medicine gave a presentation on practices and challenges in maternal healthcare under the COVID-19 pandemic in Japan while showing the data from a registry of COVID-19 in pregnancy.

In Japan, where there is no reported case of maternal death, academic societies of obstetrics and gynecology have been playing an important role in providing correct information and advice about COVID-19 and pregnancy for pregnant women and women who are trying to get pregnant. For example, the Japan Society of Infectious Diseases in Obstetrics and Gynecology issued the first state at a very early date of the pandemic, on 1 Feb 2020, and frequently updated the message including information on COVID-19 vaccination based on new evidence. Dr. Deguchi considered the availability of the right and timely information for pregnant women as a factor preventing maternal death in Japan.

The registry of COVID-19 in pregnancy has started in September 2020 among multiple healthcare providers to build evidence of COVID-19 infection in pregnancy. Approximately, 5-10% of all COVID-19 pregnancy cases in Japan might be registered. As of the end of October 2021, among 346 registered cases of infected pregnant women, 70% had mild symptoms or were asymptomatic. Among 186 cases who already completed delivery, 98% had a live birth. These results showed no severe effect of COVID-19 infection in pregnant women and fetuses. The registry enabled further significant analysis, for example, it revealed that having a cesarean section due to COVID-19 was common even in mild-moderate cases in Japan. The registry also showed factors for severe COVID-19 in pregnant women with more than 31 years of age, more than 21 weeks of gestational age, more than 26.3 BMI at COVID-19 diagnosis, and a history of present illness of respiratory disease.

The registry of COVID-19 infection in pregnancy and the result of no maternal death cases got the participants' attention. Prof. Pisake noted the risk of severe illness was only 1.7% among registered pregnant women and not increased by pregnancy.

4. Cambodia

Asst. Prof. Pech Sothy, Deputy Director of National Maternal and Child Health Center (NMCHC) gave a presentation on “Sexual Reproductive Maternal Health and Reproductive Rights in Cambodia during COVID-19 pandemic,” including recommendations on health systems and policy/program.

Sexual Reproductive Maternal Health (SRMH) Services remain functioning and available to women and girls. Although there were some declines in the utilization of some services like ANC, postnatal care (PNC), and family planning in the public sector due to fear of infection in 2020 and 2021 compared to a year prior to the COVID pandemic, the utilization gradually increased after the promotion of service information through social media, e-learning, and telemedicine. A success factor is an early action of NMCHC, who developed and disseminated the National Guidelines on Ensuring the Continuity of Essential SRMH services during COVID-19 pandemic in April 2020, with technical support from UNFPA. The guidelines have been implemented continuously with timely adjustment, including regular monitoring and supervision to health facilities.

Among several challenges under the COVID-19 pandemic, a key challenge was the additional workload of healthcare staff who need to support COVID-19 testing, vaccination, standby at quarantine stations, etc. Asst. Prof. Sothy emphasized the importance of developing a workload mitigation plan, including effective rotation of healthcare staff to support COVID response while maintaining enough midwives/health staff in charge of SRMH at the health facilities, as well as providing physical (e.g. essential protection supplies) and psychosocial support. Another key challenge was the referral system. Some health workers experienced difficulty in the referral of pregnant women to higher-level care providers. It is recommended to set up the protocol of reporting and referring cases under the crisis as well as to prepare more ambulances. Engagement of various stakeholders including local authorities, community representatives, and health facilities was crucial to support emergency referral pathway, especially under the lockdown and high risk zones. Community involvement facilitated changes in people’s health-seeking behavior and was effective to avoid delay in seeking care during the lockdown and to maintain the accessibility to public services. In addition, monitoring and supervision in distance modes to ensure the continuity of SRMH services are also important. Other recommendations included outreach activities, home-based care for women in high risk zones, and dignity kits for supporting poor and vulnerable women, victims of gender-based violence.

Prof. Pisake commented that gender-based violence was only mentioned in Cambodia’s presentation, and this issue should be further explored, closely evaluated, and managed in our society.

5. Vietnam

Dr. Dat Van Duong, Sexual and Reproductive Health Specialist, UNFPA Vietnam Country Office presented the estimated impact of COVID-19 on maternal health in Vietnam together with efforts to maintain sexual and reproductive health (SRH) services and remaining challenges.

Vietnam successfully decreased maternal mortality rate (MMR) from 233 in 1990 to 46 in 2019. However, an analysis by the UNFPA regional office in collaboration with UNFPA Vietnam and the Ministry of Health showed that the pandemic can push the national achievement on maternal mortalities back 5 or 10 years for the best or worst case scenarios respectively. In addition, it was observed that the number of women seeking contraception decreased by 5% to 25% due to COVID-19. Several efforts were made to maintain SRH services including the preparation of national guidelines as well as online training programs on the provision of SRH services without disruptions; telehealth services, including smartphone applications; late but rapid rolling out of Covid-19 vaccination nationwide; and sharing lessons learned and best practices from hospitals in high transmission areas. Mobilization of health workers from low pandemic areas as well as mobilization of volunteers and community supports were also important measures.

The remaining challenges on SRH include the lack of skilled providers, as SRH providers are mobilized to COVID-19 control; possible negligence of vital SRH data recording and reporting; shortage of national and subnational budget for SRH; and disruption in supply chain for SRH/FP commodities, including imported contraceptives. Lastly, Dr. Duong provided some recommendations such as to strengthen primary health care system; to make a viable referral system to higher level facilities available, especially in more remote areas; to do a necessary revision in financing and procurement policies for SRH and COVID-19 commodities; and to have effective policies and measures for the protection of health workers in place.

Amongst several efforts to maintain sexual and reproductive health in Viet Nam, Prof. Pisake noted that it was interesting that Viet Nam could provide more than 123 million doses of COVID-19 vaccine, despite starting late.

Resource centers

NHSO https://eng.nhso.go.th/view/1/Home/EN-US
IHPP http://resourceihpp.com/site/home
GLO+UHC http://eng.nhso.go.th/view/1/GLO_UHC_Project/EN-US

The Partnership Project for Global Health and Universal Health Coverage (GLO+UHC) Phase 2

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120 Moo 3, Chaengwattana Rd., Lak Si District, Bangkok 10210 Thailand
https://www.jica.go.jp/project/english/thailand/033/index.html (Phase 2)
https://www.jica.go.jp/project/english/thailand/021/index.html (Phase 1)
https://www.facebook.com/jica.glo.uhc.thailand