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Ministry of Health
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BIRTH DEFECTS PREVENTION AND CONTROL PLAN 2015-2018

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BIRTH DEFECTS PREVENTION AND CONTROL PLAN 2015-2018

NATIONAL GOAL: Significant reduction of preventable birth defects in Maldives towards further reduction in new-born and child mortality and prevent long term morbidity and disability.

TARGETS:

1. Reduce prevalence of folic acid-preventable neural tube defects by 14% in two years;
2. Reduce the number of thalassemia births by 20% in two years;
3. Eliminate congenital rubella 2 years;
4. Work towards eliminating congenital syphilis.

STRATEGIC DIRECTIONS

1. Establish or strengthen national policies and programmes for birth defects prevention and control.
2. Develop and strengthen national birth defects surveillance and evaluation mechanisms.
3. Integrate birth defects prevention strategies into the public health, nutrition and other relevant programmes.
4. Expand and strengthen national capacity for implementation of birth defects prevention and control programmes; and
5. Develop and expand national, regional and international multisectoral partnerships and networks to support birth defects prevention and control programmes

GENERAL IMPLEMENTATION STEPS

1. Designate a national focal point in the ministry of health- HPA;
2. Establish a national coordination mechanism,
3. Establish national birth defect register - Co-ordination based in MoH as Focal point with Hospitals
4. Establish a national technical working group or task force;
5. Develop national strategic plan and a phased implementation;-
6. Develop and implement a national communication strategy, and public education plans;
7. Plan and conduct surveillance, monitoring and evaluation, including operation research; and
8. Strengthen programme management capacity.
9. National partnerships and networks established for supporting national birth defects prevention
10. Participation in Regional birth defects partnerships and networks
11. Participation in SEARO Inter-Country Working Group to support national level efforts on birth defects

MALDIVES PLAN				
Strategic Direction	2015 Baseline	2016	2017	2018
1. Policies and programmes				
1.1. Establish a national focal point for birth defects prevention supported by appropriate multidisciplinary working and/or steering groups.		<ol style="list-style-type: none"> 1. Identify a National focal point 2. Develop a taskforce and national plan for prevention of birth defects in collaboration with other public health programs with maternal and child health, nutrition, non-communicable disease unit, tobacco control unit, sexually transmitted infections/HIV and health promotion program etc., and other stakeholders 3. Include in plan: <ul style="list-style-type: none"> ▪ To promote Premarital counselling program through courts (strengthen existing session with more info) ▪ Preconception folic acid supplementation health education 		
1.2. Review the existing policies and programmes		<ol style="list-style-type: none"> 1. Conduct 1 National stakeholders meeting 	<ol style="list-style-type: none"> 1. Hold a National stakeholders meeting: 2. Review policies and programmes 	<ol style="list-style-type: none"> 1. Report on policies and programmes 2. Feedback loop – identify actions/next steps / opportunities based on review of policies and

				programs
<p>1.3. Develop a national strategic plan with following elements:</p> <ul style="list-style-type: none"> ▪ Preconception health education campaigns, and counselling of women of reproductive age and their families to promote healthy habits that focus on avoidance of evidence-informed risk factors; ▪ Premarital, preconception, and prenatal (during pregnancy) screening; ▪ Newborn screening; ▪ Advocate for legislated national folic acid fortification ▪ Strengthen supplementation programs, which may include iodine, iron and other micronutrients; ▪ Screening for thalassemia trait, services for prenatal diagnosis and termination of pregnancy if legal and opted for; ▪ Rubella immunization for children to be continued and advocate for women of childbearing age; ▪ Screening for congenital syphilis; ▪ Treatment of birth defects as well as rehabilitation services as part of referral services. 		<ol style="list-style-type: none"> 1. Finalize Plan 2. Launch Plan 3. Begin national implementation plan process 4. Review/include birth defects in the program mandate/maternal/reproductive health and child health strategy 	<ol style="list-style-type: none"> 1. Continue Implementing the plan 	
<p>1.4. Develop and implement communication strategy</p>		<ol style="list-style-type: none"> 1. Hold a national stakeholders meeting 2. Establish a working group 3. Develop awareness campaign/education materials 	<ol style="list-style-type: none"> 1. Finalize Strategy 2. Implement strategy 	
2. Surveillance & evaluation				
<p>2.1 Establish and strengthen national birth defects surveillance systems. Components:</p> <ul style="list-style-type: none"> ▪ Standardized, valid and comparable data on birth defects; ▪ Integration of information on birth defects, including surveillance and dedicated registries, in existing national health information surveys like vital registries, health 	<ul style="list-style-type: none"> ▪ Current births registered: 99% ▪ Percentage of deaths registered: Yes ▪ Percentage of stillbirths registered: Yes ▪ Registry: No ▪ Hospital-based 	<ol style="list-style-type: none"> 1. Participate in sub-regional /regional training 2. Conduct in-country training 3. Policy endorsement to have a birth defect registry 	<p>Evaluate the pilot project</p> <p>Improve quality or collection birth defects data</p> <p>Scaling up</p> <p>Improve quality or</p>	

<p>management information system, and demographic health surveys or other platforms;</p> <ul style="list-style-type: none"> ▪ Development of national birth defects surveillance system and registries; ▪ Collection of information on folate and iron levels through biomarker surveys. 	<p>health information survey: Yes</p> <ul style="list-style-type: none"> ▪ Population-based health information survey: No ▪ Special surveys: No ▪ Surveillance system: CD (STI, HIV, VPD) 	<p>through vital registration systems</p> <ol style="list-style-type: none"> 4. Establish National Birth Defect Registry in the central and regional hospitals and expand further 5. Design and pretest of data collection forms 6. Pilot in 1 main hospital (for 6 months) 	<p>collection birth defect data t in the health facilities at all levels</p>	
<p>2.2 Monitor, evaluate and report on the effectiveness of birth defects prevention activities. Components:</p> <ul style="list-style-type: none"> ▪ Availability of birth defects prevention policy, training, health education/communication efforts, and access to services; ▪ Cost effectiveness/benefits analysis; ▪ Effectiveness of and barriers to, fortification and/or supplementation programs ▪ Assessment of coverage and levels of fortification and/or supplementation programs; ▪ Evaluation of fortification and/or supplementation programs through assessment of specific and measurable outcomes and biomarkers; ▪ Reporting through regular public reports and published scientific articles. 		<ol style="list-style-type: none"> 1. Develop monitoring, evaluation and reporting system as component of national strategy 2. Select priority projects for monitoring, evaluation and reporting 	<p>Monitor, evaluate and report out on select projects</p> <p>Feedback loop for modifications if necessary</p> <p>If fortification, then quality assurance and/or compliance would be part of the monitoring</p>	
3. Integration				
<p>3.1 Prioritize specific birth defects based on local epidemiology and public health importance, amenability to prevention and availability of cost-effective preventive interventions.</p>		<p>Priorities:</p> <ol style="list-style-type: none"> 1. CHD 2. NTD 3. Thalassemia 4. Down Syndrome 5. G6PD 6. Children born to mothers with GDM 		

<p>3.2. Integrate food fortification and supplementation programmes for:</p> <ul style="list-style-type: none"> ▪ Folic acid; ▪ Iodine; ▪ Iron. 	<p>Current fortification & supplementation:</p> <ul style="list-style-type: none"> ▪ Adolescents: No ▪ Pregnancy and lactation: Yes ▪ Periconceptional: No ▪ Composition of tablets: Iron 60 mg; Folic acid 0.4mg ▪ Food fortification: No 	<p>1. Take the draft Micronutrient Policy forward revise, update and endorse the document.</p>	<p>1. Advocate for checking quality of iodized salt imported to the country as this salt is only available for households</p>	
<p>3.3. Include birth defects prevention and control interventions in:</p> <ul style="list-style-type: none"> ▪ Adolescent and school health programmes, including rubella immunization, counseling for prevention of consanguineous marriage and screening for thalassemia; ▪ Pre-pregnancy programmes, including health promotion, screening for familial diseases, thalassemia, diabetes and referral for care and counselling. In addition, supplementation programs with folic acid and iron should be considered; ▪ Antenatal care and child birth programmes, including screening for anaemia, syphilis, rhesus blood group, individual risk by family history and Down syndrome; ▪ Family planning ▪ Newborn screening programmes, including newborn examination for birth defects and congenital hypothyroidism; ▪ Immunization programme, including rubella immunization 	<p>Current:</p> <ul style="list-style-type: none"> ▪ Rubella vaccine: Given at 18 months as MMR ▪ Education and awareness to: <ul style="list-style-type: none"> ○ Avoid pregnancy > 35 years: Yes ○ Avoid teratogens: Yes ▪ Antenatal screening: Yes ▪ Ultrasonography screening: yes ▪ Newborn screening: Selectively ▪ Population screening for Thalassemia, etc.: No ▪ Prenatal diagnosis: Sample sent Abroad ▪ Medical termination of pregnancy: 120 days 	<ul style="list-style-type: none"> ▪ Evaluate current interventions and identify process for inclusion/expansion, etc: <ul style="list-style-type: none"> ▪ Thalassemia: <ul style="list-style-type: none"> ○ Preparation for prenatal diagnosis ▪ Newborn screening: <ul style="list-style-type: none"> ○ Development of national protocols ○ Advocacy to policy makers at national level ○ Socialization birth defects for healthcare providers (Tiny Hearts Association) ○ Education and training for health care providers ○ Strengthen programmes of newborn screening (e.g. Congenital hypothyroidism where facilities available) 	<ul style="list-style-type: none"> ○ Propose Thalassemia bill for endorsement ○ Establish prenatal diagnosis at the central level ○ Establish newborn screening facilities at Central ○ Establish newborn screening mechanism for other regions. 	
<p>3.4. Include birth defects prevention in</p>	<p>Current:</p>	<p>Include the existing</p>	<p>Implement the</p>	<p>Evaluate</p>

<p>non-communicable disease programmes, such as:</p> <ul style="list-style-type: none"> ▪ Avoidance of tobacco use and exposure to second hand smoke during pregnancy; ▪ Avoidance of alcohol during pregnancy; ▪ Detection and control of diabetes mellitus before and after conception. 	<ul style="list-style-type: none"> ▪ Harmful use of tobacco and exposure during pregnancy: Yes ▪ Use of alcohol among women: Yes ▪ Detection Type 2 diabetes: Yes 	<p>opportunities in the national plan</p> <p>Identify opportunities to expand in the national plan</p>	<p>plans</p>	
<p>3.5 Strengthen referral services for treatment, surgery and rehabilitation of children with birth defects</p>	<p>Current:</p> <ul style="list-style-type: none"> ▪ Family support programs: Yes ▪ Corrective surgeries and/or rehabilitation programs: Yes with limitations and referrals ▪ Community rehabilitation programs: Yes ▪ Parent organizations: Yes ▪ List of Stakeholders: Yes 	<p>Develop protocol/include in national plan</p> <p>Conduct workshop on Birthdefects training for 10 healthfacilities</p>	<p>Implement the protocol</p> <p>Conduct workshop on Birthdefects training for 10 healthfacilities</p>	<p>Evaluate the protocol</p>
4. Capacity				
<p>4.1. Improve national capacity for birth defects policies and programmes.</p> <p>Components:</p> <ul style="list-style-type: none"> ▪ Multisectoral national planning, strategy development and implementation; ▪ Programme management training for national focal points, offices, working groups; ▪ Training on preconception health education campaigns and counselling; ▪ Training on premarital, preconception, prenatal, and newborn screening; ▪ Development and implementation of mandatory, legislated national folic acid fortification and supplementation programs for NTD prevention as well as fortification with other micronutrients and iron (for prevention of anaemia). 		<ol style="list-style-type: none"> 1. Include in national strategic plan-health master plan 2. Participant in regional, subregional or national trainings 3. Participate in train the trainers 4. Sensitization of health care providers on birth defects through ongoing in-service education program 	<p>Conduct national training:</p> <ul style="list-style-type: none"> ▪ Programme management ▪ Preconception health education campaigns and counselling; ▪ Premarital, preconception, prenatal, and newborn screening ▪ Supplementation (and fortification if a consideration) ▪ Educate and orient community health workers 	<p>Evaluate</p>

<p>4.2. Improve national capacity for birth defects surveillance, monitoring, evaluation and laboratories. Components can include workshops, trainings and communications on:</p> <ul style="list-style-type: none"> ▪ Development and establishment of birth defects surveillance systems; ▪ National birth defects data collection; ▪ National vital registries; ▪ Data management; ▪ Monitoring, evaluation and reporting; ▪ Validation of data; ▪ Increasing national diagnostic laboratory capacity, ultrasonology capacity and develop accreditation guidelines. 		<ol style="list-style-type: none"> 1. Include in national strategic plan 2. Participate in regional, subregional or national trainings, PND 3. Participate in Birthdefects surveillance training at national/regional level. 	<p>Conduct national training on all surveillance programme components</p>	<p>Evaluate</p>
5. Partnerships and networks				
<p>5.1. Increase the number of partners</p>		<p>Include in national strategic plan:</p> <ul style="list-style-type: none"> ▪ Identify current and potential partners ▪ Involve in strategic planning process 	<p>Evaluate the need for new or additional partners</p> <p>Develop partner engagement strategy, if needed</p>	
<p>5.2. Increase networking and collaboration/coordination opportunities</p>		<p>Include in national strategic plan</p>	<p>Expand/scale up the networking</p>	
<p>5.3 Facilitate development and mobilize resources</p>		<p>Include in national strategic plan</p>	<p>Mobilize resources</p>	
<p>5.4 Establish networks of institutions at national and regional levels to support activities like advocacy, research, capacity building etc.</p>		<p>Include networking with relevant stakeholders and health facilities</p> <p>Data dissemination with relevant stakeholders</p> <p>Participate in the regional network</p>		<p>Establish formal networks</p> <p>Expand/scale up</p>