Briefing on the work of the Department of Reproductive Health and Research (RHR)

Dr Michael Mbizvo
Director *a.i.*, Department of Reproductive Health and Research (RHR)
29 September 2010

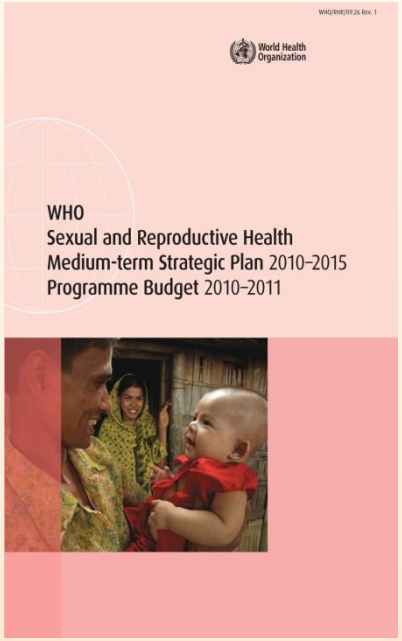
•Training Course in Sexual and Reproductive Health Research
•Geneva 2010

Mission of HRP/RHR

To help people lead healthy sexual and reproductive lives

RHR's vision and business plan

- **Take into account goals and targets from:**
  - **ICPD Programme of Action**
  - **Revised framework of the Millennium Development Goals (MDGs)**
  - **Action areas of the WHO Global Reproductive Health Strategy**
  - **WHO Strategic Objectives**
  - **Vision expressed by the Director-General**



Vision Statement

The attainment by all peoples of the highest possible level of sexual and reproductive health

Global context: UN Secretary-General reaffirmation of ICPD

"...for the first time governments acknowledged that every person has the right to sexual and reproductive health. They agreed to put gender equality, reproductive health and reproductive rights at the centre of development ... recognized the need to make sure that all people who want reproductive health care can get it."

ICPD+15, October 2009

"When we work together, we succeed"

Women Deliver, June 2010

Ban Ki-moon

UN Economic and Social Council (ECOSOC), 2009

Calls for:

"Achieving universal access to reproductive health by 2015, ... including voluntary family planning, emergency obstetric care and skilled birth attendance"

"Integrating HIV/AIDS interventions into programmes for ...sexual and reproductive health...including strengthening efforts to eliminate the mother-to-child transmission of HIV"

Ministerial Declaration, 2009

Health systems challenges to achievement of universal access to SRH services

Users:

- Face delays and high costs
- Have limited service choices
- Sometimes, even denied services (e.g. adolescents)

Facilities

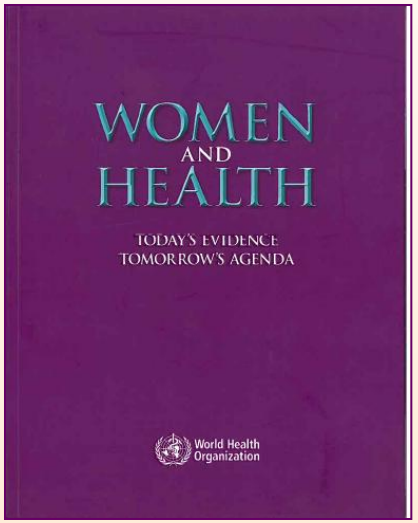
- Inadequate funding for SRH services
- Absence of comprehensive one-stop quality care facilities
- Services not easily accessible
- Non evidence-based interventions
- Inadequately trained (and paid) service providers
- Poorly equipped facilities
- Stock-out and lack of appropriate drugs

Global

- Financial constraints
- Politicization of SRH
- Gender inequality, infringement of human rights

Developments within WHO

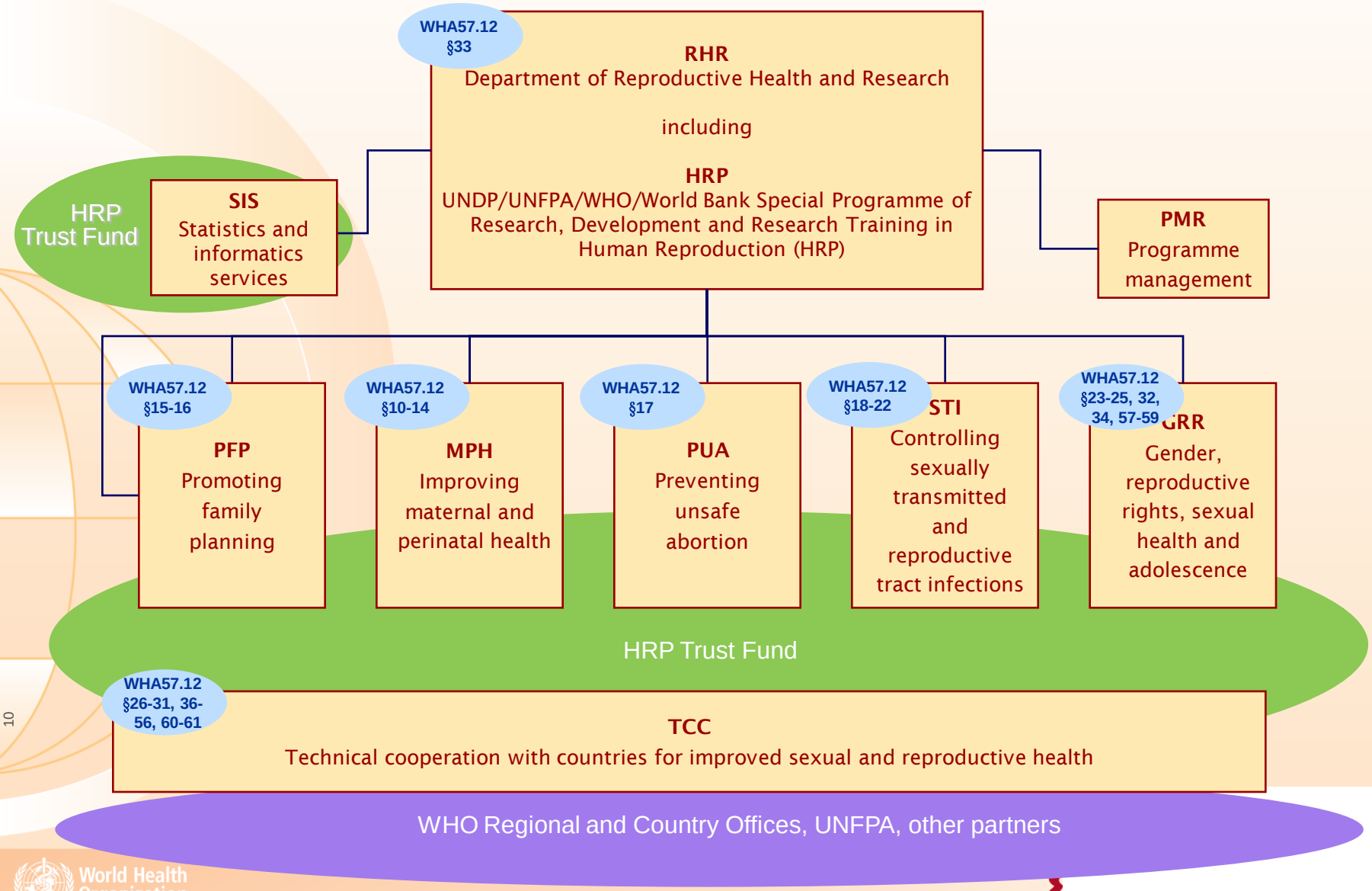
- "Throughout history, pregnancy and child-bearing have been major contributors to death and disability among women"
- "Maternal mortality is key indicator of women's health and status"
- Priorities identified for action:
  - increasing skilled birth attendance
  - access to modern contraception
  - safe abortion services (extent permitted by law)
  - post abortion care
  - screening and treatment for STI/HIV/HPV
  - prevent sexual violence
  - empower women



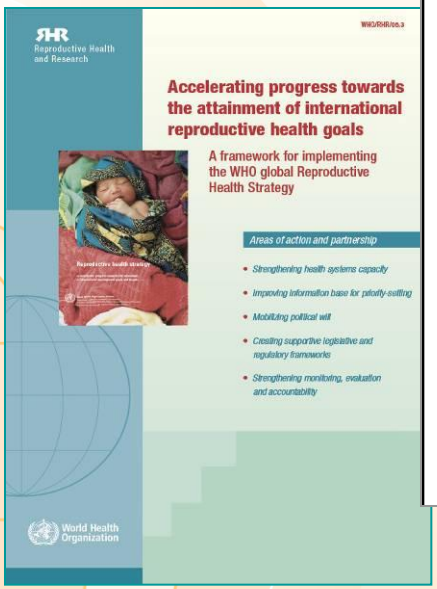
The WHO global reproductive health strategy adopted by WHO's 192 Member States in May 2004

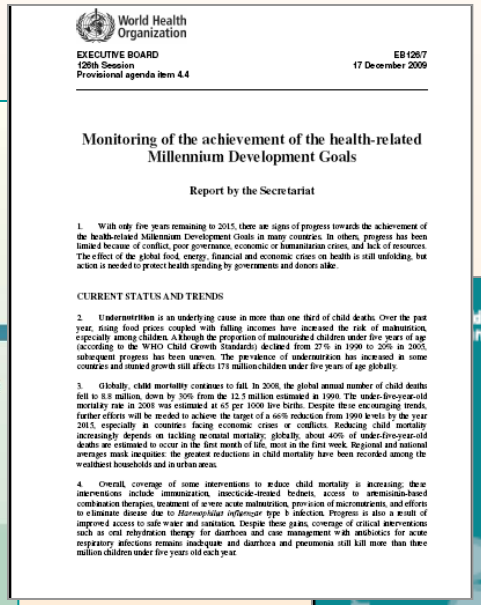
(Resolution WHA 57.12)

Department of Reproductive Health and Research (RHR) including UNDP/UNFPA/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction (HRP)



Implementing the global reproductive health strategy




World Health Organization

EXECUTIVE BOARD
126th Session
Provisional agenda item 4.4

EB126/7
17 December 2009

Monitoring of the achievement of the health-related Millennium Development Goals

Report by the Secretariat

1. With only five years remaining to 2015, there are signs of progress towards the achievement of the health-related Millennium Development Goals in many countries. In others, progress has been limited because of conflict, poor governance, economic or humanitarian crises, and lack of resources. The effect of the global food, energy, financial and economic crises on health is still unfolding, but action is needed to protect health spending by governments and donors alike.

CURRENT STATUS AND TRENDS

2. Undernutrition is an underlying cause in more than one third of child deaths. Over the past year, rising food prices coupled with falling incomes have increased the risk of malnutrition, especially among children. Although the proportion of malnourished children under five years of age (according to the WHO Child Growth Standards) declined from 27% in 1990 to 20% in 2005, subsequent progress has been uneven. The prevalence of undernutrition has increased in some countries and stunted growth still affects 178 million children under five years of age globally.

3. Globally, child mortality continues to fall. In 2008, the global annual number of child deaths fell to 8.8 million, down by 30% from the 12.5 million estimated in 1990. The under-five-year-old mortality rate in 2008 was estimated at 65 per 1000 live births. Despite these encouraging trends, further efforts will be needed to achieve the target of a 66% reduction from 1990 levels by the year 2015, especially in countries facing economic crises or conflicts. Reducing child mortality increasingly depends on tackling neonatal mortality; globally, about 40% of under-five-year-old deaths are estimated to occur in the first month of life, most in the first week. Regional and national averages mask inequities: the greatest reductions in child mortality have been recorded among the wealthiest households and in urban areas.

4. Overall, coverage of some interventions to reduce child mortality is increasing; these interventions include immunization, insecticide-treated bednets, access to artemisinin-based combination therapies, treatment of severe acute malnutrition, provision of micronutrients, and efforts to eliminate disease due to *Haemophilus influenzae* type b infection. Progress is also a result of improved access to safe water and sanitation. Despite these gains, coverage of critical interventions such as oral rehydration therapy for diarrhoea and case management with antibiotics for acute respiratory infections remains inadequate and diarrhoea and pneumonia still kill more than three million children under five years old each year.

- 2006 progress reports to WHO Executive Board (EB) and World Health Assembly (WHA)
- 2008 progress reports to EB / WHA
- 2010 progress reports to EB / WHA

Progress report on the *global reproductive health strategy*

- Strategy and implementation framework are being used, among others, for:
  - guiding the creation of strategic plans on sexual and reproductive health and resource allocation
  - implementation of maternal and child health/reproductive health activities
  - capacity strengthening for family planning and prevention of unsafe abortion
  - curriculum reform in schools on prevention of HIV and unplanned pregnancy
  - strengthening monitoring and evaluation
  - elaboration of policies and laws on improving sexual and reproductive health
  - reference material for the development of national action plans

Targets and indicators for monitoring Millennium Development Goal 5

Goal 5: Improve maternal health

- Target 5.A: Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio
- Target 5.B: Achieve, by 2015, universal access to reproductive health

5.1 Maternal mortality ratio

5.2 Proportion of births attended by skilled health personnel

5.3 Contraceptive prevalence rate

5.4 Adolescent birth rate

5.5 Antenatal care coverage (at least one visit and at least four visits)

5.6 Unmet need for family planning

(Source: 12th Inter-Agency and Expert Group meeting on MDG indicators, Paris, November 2007)

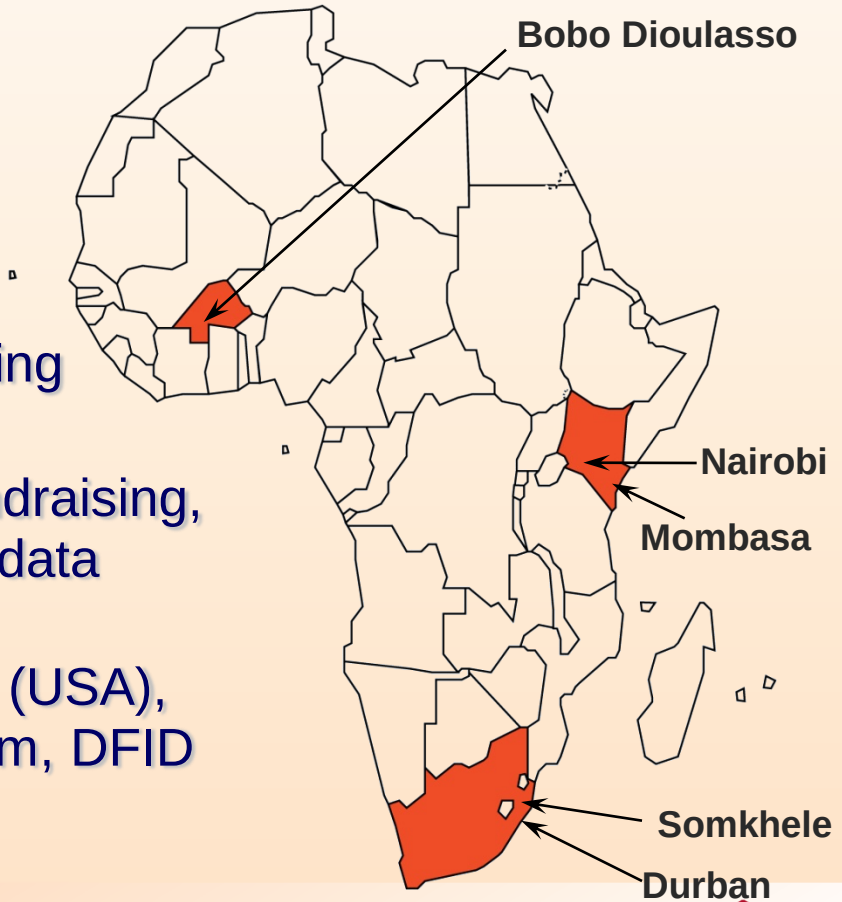
Highlights on progress and recent achievements

"One after the other, the women entered the doctor's office full of hope and expectation and left with a sense of doom: their pregnancies were confirmed but so was their HIV status - positive. To them it sounded like a death sentence, for themselves and their unborn babies."

PLUSNEWS, June, 2010

Reducing mother-to-child transmission of HIV
Kesho Bora study ("A Better Future", Swahili)

- Does combination ARVs started in late pregnancy and continued through breast-feeding in women with CD4 counts 200-500 cells/mm^3 lead to:
  - Higher efficacy and reduced risk of transmission during breastfeeding?
  - Improved mother's health?
- Status
  - 824 women enrolled from 5 sites in 3 countries
  - 77% of mothers initiated breastfeeding
- Partnerships
  - Project coordination WHO/HRP: fundraising, site supervision, quality assurance, data management and analysis, …
  - Co-sponsors: ANRS (France), CDC (USA), NICHD (USA), EDCTP (EU), Belgium, DFID (UK), UNICEF



Kesho Bora study - results

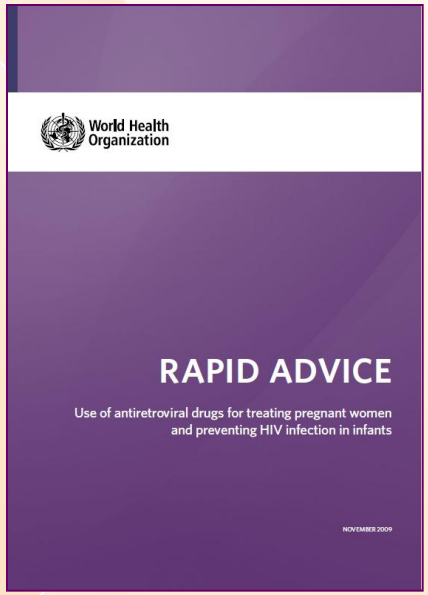
- Triple-ARV MTCT prophylaxis given to HIV-positive mothers with CD4 200-500 cells/mm^3 during pregnancy and continued during breastfeeding significantly reduces the risk of HIV transmission to infants compared with standard recommended short course regimen (42% reduction at 12 months, p = 0.039) with the largest effect seen when maternal CD4 200 - 350 cells/mm^3

Log rank test p = 0.039
(stratified on centre and intention to BF)

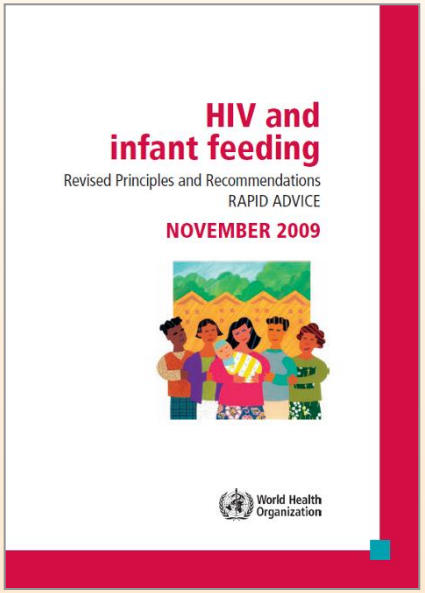
	Triple		Short		
	Events (cum) / at risk	Rate (95% CI)	Events (cum) / at risk	Rate (95% CI)	Reduc-tion
Birth	7/395	**1.8** (0.8, 3.7)	9/401	**2.2** (1.2, 4.3)	**18%**
6 weeks	13/376	**3.3** (1.9, 5.6)	19/373	**4.8** (3.1, 7.4)	**31%**
6 months	19/337	**4.9** (3.1, 7.5)	33/329	**8.5** (6.1, 11.8)	**42%**
12 months	21/275	**5.5** (3.6, 8.4)	36/249	**9.5** (6.9, 13.0)	**42%**

Revised WHO recommendations (November 2009)

Use of ARVs for treating pregnant women and preventing HIV infection in infants



HIV and infant feeding: Revised principles and recommendations



"For the first time, there is enough evidence for WHO to recommend ARVs while breastfeeding"

WHO Rapid Advice, 2009

Addis Call to urgent action for maternal health

"Maternal death and disability is one of the greatest moral, human rights and development challenges of our time and is the world's largest health inequity"

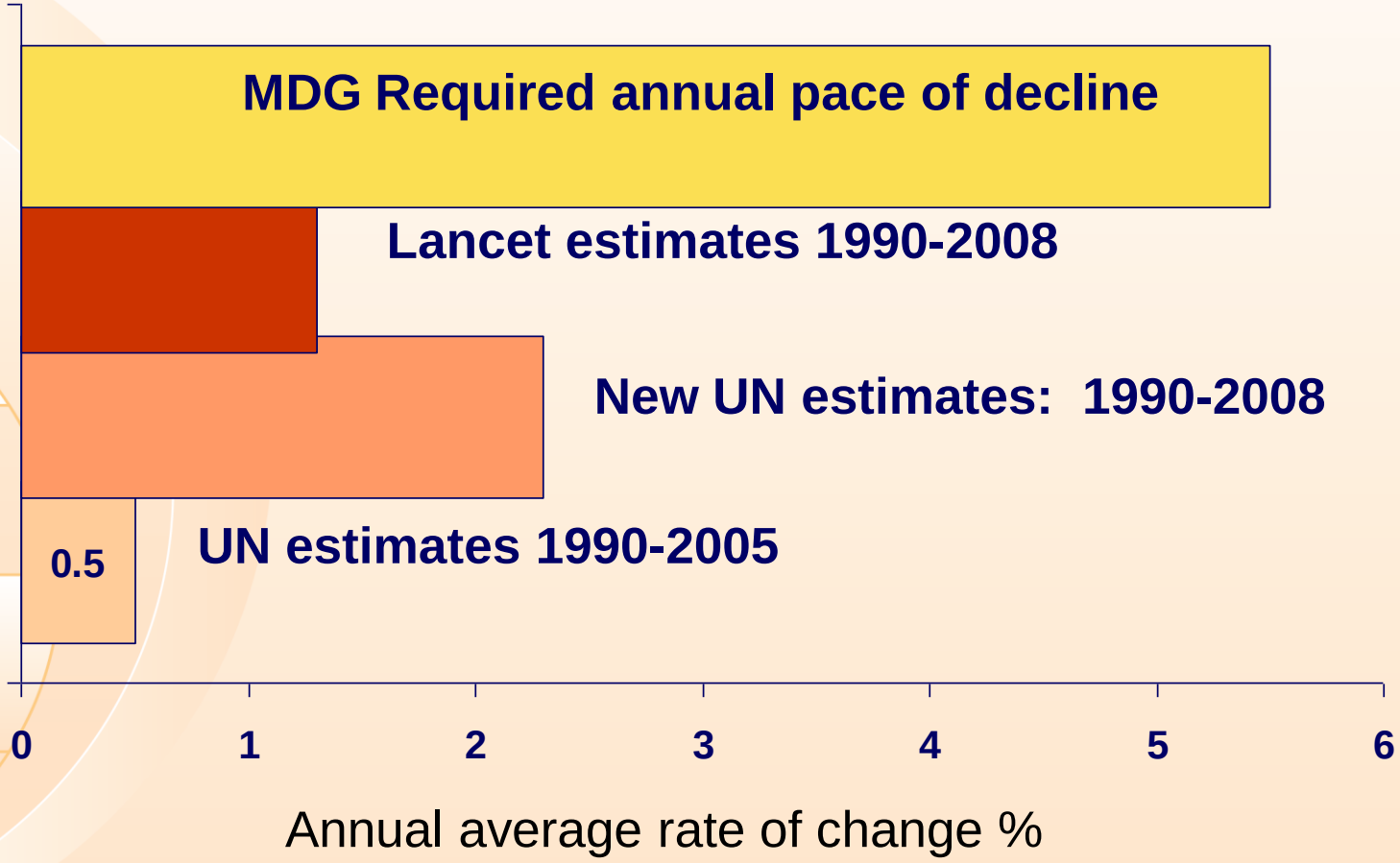
26 October 2009
High-level meeting on maternal health

Maternal mortality in 2008 and average annual change between 1990 and 2008

	MMR	Lower estimate	Upper estimate	Maternal deaths	Average annual decline %
WORLD TOTAL	260	200	370	358,000	-2.3
DEVELOPED REG.	14	13	16	1700	-0.8
COUNTRIES OF THE CIS	40	34	48	1500	-3.0
DEVELOPING REG.	290	220	410	355,000	-2.3
North Africa	92	60	140	3400	-5.0
Sub-Saharan Africa	640	470	930	204,000	-1.7
Asia	190	130	270	139,000	-4.0
Latin America and the Caribbean	85	72	100	9200	-2.9
Oceania	230	100	500	550	-1.4

* Numbers are rounded

Is the pace of change sufficient?
MDG 5: Improve maternal health



Development and implementation of an ANC model

- Development of a new ANC model by HRP based on a multi-country study
- Incorporation of new model into WHO global standards
- Adoption of new model within revised MDG framework indicators on maternal health
- Supporting Ministries of Health, with partners, to adopt an ANC model based on WHO recommendations
- Implementation research identifying bottlenecks and health system constraints to up scaling of the model

Facilitating measurement of maternal mortality and near/miss standardization of definitions and classifications

Editorials

WHO maternal death and near-mi

Robert Pattinson,[a] Lale Say,[b] João Paulo Souza,[b] Nynke va
Working Group on Maternal Mortality and Morbidity Classi

Reducing maternal mortality is Millennium Development Goal 5. To reach this goal, countries need an accurate picture of the causes and levels of maternal deaths. Recent systematic reviews have shown that there are many inconsistencies in the way maternal deaths are classified due to a lack of standard definitions and criteria for maternal deaths and near misses.[1,2]

WHO established a technical working group of obstetricians, midwives, epidemiologists and public health professionals from developing and developed countries to develop a maternal death classification system.

The group established three principles for its work. First, the classification must be practical and understood by its users (clinicians, epidemiologists and programme managers), Second, underlying causes must be exclusive of all other conditions; as in the *International Statistical Classification of Diseases and Related Health Problems* (ICD), the underlying cause is the disease or injury which initiated the sequence of events leading directly to death, or the circumstances of the ac-

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deaths, indirect
"unanticipated complication
management". This addition makes it
possible to track trends in iatrogenic
disease as, for example, related to
caesarean sections. Underlying causes
are clearly separated from conditions
contributing to fatal outcomes. Finally,
the working group decided to clas-

Best Practice & Research Clinical Obstetrics and Gynaecology 23 (2009) 287–296

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journal homepage: www.elsevier.com/locate/bpobgyn

ELSEVIER

1

Maternal near miss – towards a standard tool for monitoring quality of maternal health care☆

Lale Say, MD, MSc [a,*], João Paulo Souza, MD, PhD [a], Robert C. Pattinson, Professor [b] for the WHO working group on Maternal Mortality and Morbidity classifications

[a] Department of Reproductive Health and Research, World Health Organization, Geneva, Switzerland
[b] MRC Maternal and Infant Health Care Strategies Research Unit, University of Pretoria, Kalafong Hospital, South Africa

maternal morbidity
2004;1:3. PMID:15357863
4755-1-3

3. *Report on the World Health Organization Working Group on the Classification of Maternal Deaths and Severe Maternal Morbidities.*

Pre-term births: globally striking inequalities in survival

The worldwide incidence of preterm birth: a systematic review of maternal mortality and morbidity

Stacy Beck,[a] Daniel Wojdyla,[b] [illegible] Ana Pilar Betran,[c] Mario Merialdi,[c] Jennifer Harris Requejo,[d] Craig Rubens,[e]

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THE EAST AFRICAN (KENYA): WHO sounds the alarm over preterm deaths in Asia, Africa

By PHILIP NGUNJIRI

Posted Sunday, January 17 2010 at 11:26

After she returned from her rural home in Nya[illegible] had been visiting her elderly parents, an expe[illegible] developed a fever. Her husband took her to th[illegible] door in their Kawangware neighbourhood — a[illegible] of Nairobi. Two days later, Moraa's situation d[illegible] unconscious. Her distressed husband rushed [illegible] — Kenya's largest referral and teaching hospi[illegible] unborn child who was just 34-weeks-old, to ma[illegible]

Moraa's case is one of more than 11 million p[illegible] and Asia alone every year. According to the fi[illegible] published recently in the international public h[illegible] **World Health Organisation**, such deaths occ[illegible] effective medical care.

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Majority of premature babies born in Africa

Posted on Monday 4 January 2010 - 16:00

AfricaNews Monitoring desk

Striking inequalities exist between developing and developed countries in the survival chances of pret[illegible] About13 million premature babies are born every year worldwide, according to the first global overview births published in the international public health journal, the Bulletin of the World Health Organization.

"Almost 11 million of these premature b[illegible] Africa and Asia, where many do not hav[illegible] effective care," said lead author Dr Lale[illegible] Department of Reproductive Health and[illegible] World Health Organization.

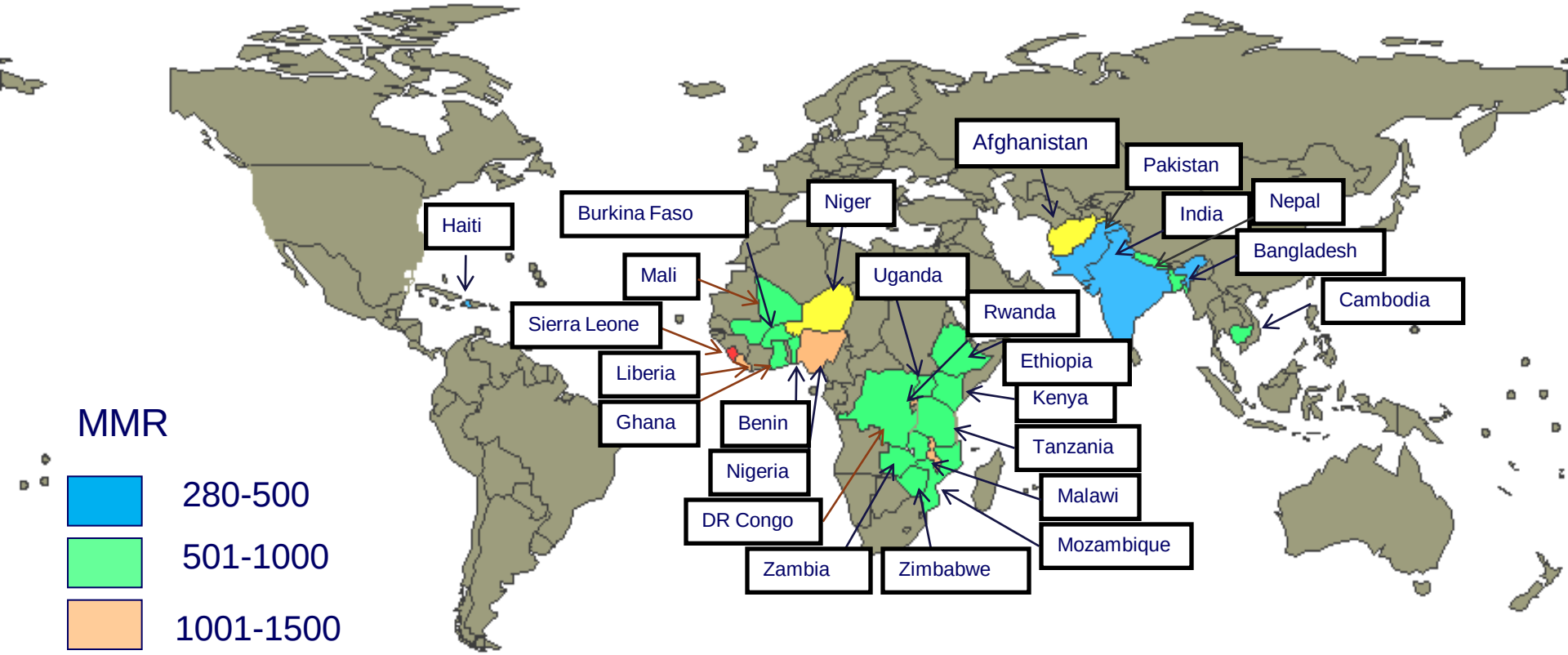
"A baby weighing less than 2000g (born[illegible] 32 weeks of gestation) has little chance[illegible] in a developing country," said Dr. Say.

Addressing other determinants is crucial

- Higher risk of maternal mortality (regardless of the complexity of the facility women deliver in) associated with:
  - higher maternal age
  - not being married/cohabiting
  - higher parity
  - education
  - lower public expenditure on health
- 7 or more years of education associated with 60% reduction in the risk of maternal mortality, after adjusting for the effects of institutional complexity, maternal age, marital status, parity and national expenditure on health services

Source: Examination of the relationship between maternal education and mortality in 287 035 women giving birth in health care institutions in 24 countries. Secondary analysis from the 2005 WHO Global Survey on Maternal and Perinatal Health – submitted for publication

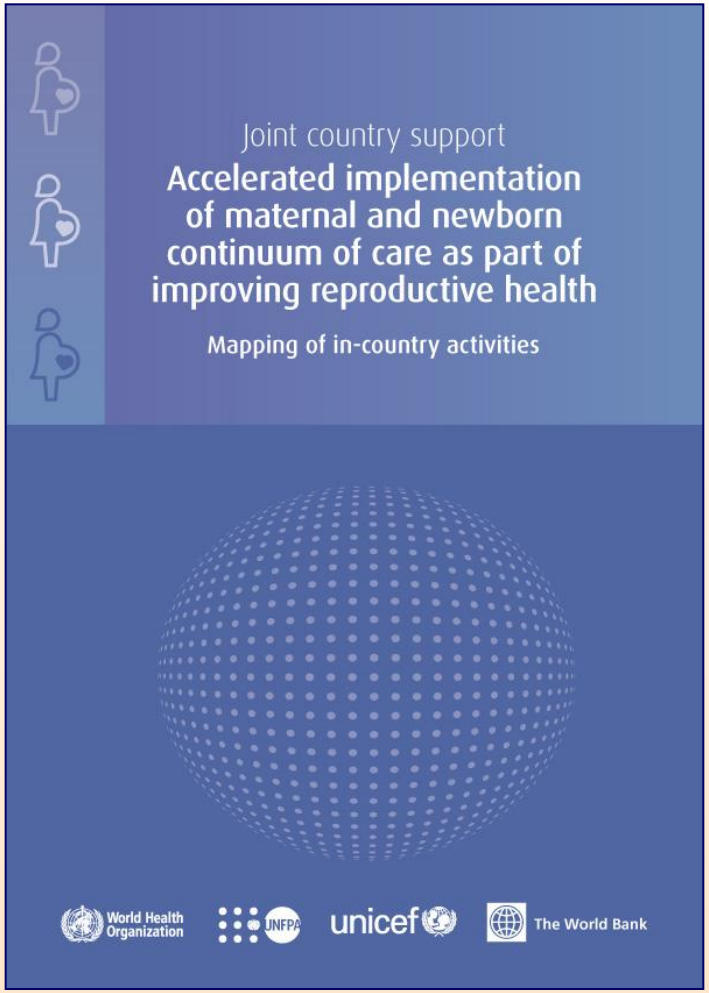
25 priority countries
(highest maternal mortality ratio)



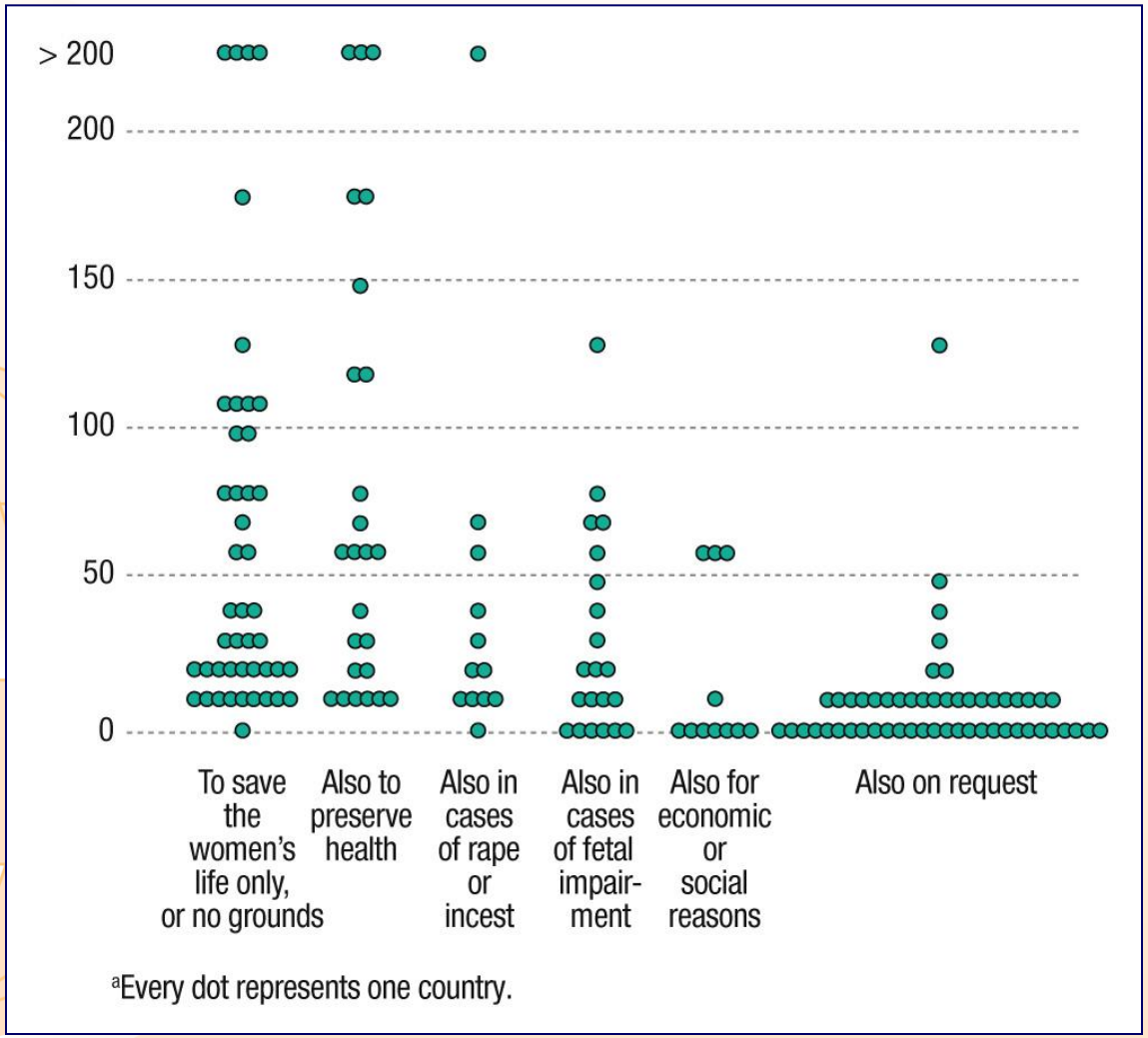
AFRO:18, EMRO: 2, SEARO: 3, WPRO: 1, AMRO: 1

Mapping of H4 25 priority countries

- Wide variety of actions are being supported
- Gaps exist:
  - needs assessments are limited to sub-national levels
  - national plans exist in MNH – implementation is weak
  - extensive range of actions – limited scale
  - capacity to systematically collect, analyse and utilize information



Mapping deaths attributable to unsafe abortion per 100 000 live births, by legal grounds for abortion



As legal access to safe abortion becomes liberal, unsafe abortion mortality declines.

"The major success of HRP's work in this area is the good clinical practice standard clinical trials, which have provided an important knowledge base for medical abortion practice and enabled registration of a low-cost formulation"

(Case Study on Medical abortion)

Source: World Health Report, 2008

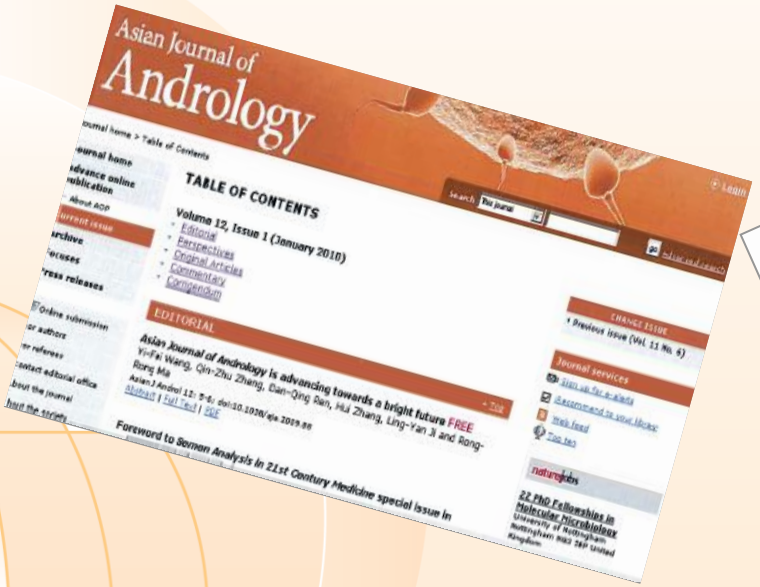
FP wheel and RHL in high demand

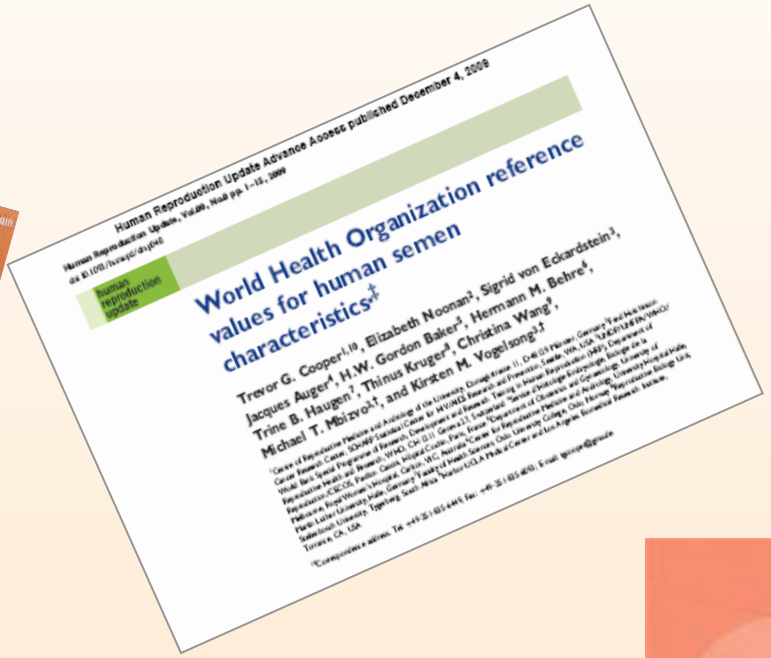
Example of "amplified utilization" of HRP/WHO guidelines

- Medical Eligibility Criteria (MEC) Wheel translated into Spanish early 2009
- Government of Mexico, through National Directorate for Family Planning, recently requested permission to use the Wheel and to reprint 10,000 copies for distribution throughout the country and evaluate impact among reproductive health providers
- In June 2010, the Ministry of Health, Spain requested 10,000
- Good example of an unsolicited but relevant response to national need, contributing to:
  - reduction of medical barriers to use of contraception
  - increase in quality of reproductive health services

Thus helping to increase universal access to reproductive health

The first evidence-based, global reference values for human semen characteristics was published in the May-June 2010 edition of Human Reproduction Update





"the 5th WHO Manual is by far the most comprehensive … the text is well referenced and provides reference for all relevant background … it should be the standard"

(from AJA 12(1) 11-13, January 2010)

Gender and Reproductive Rights

Human rights

- Advancing sexual health through human rights
- Working with treaty bodies (e.g. Human Rights Council Resolution on Maternal Mortality)
- HR draft tool adapted in Malawi for Strategic Assessment of abortion

Violence against women

- Global strategy against 'medicalization' of FGM (from Consultation, Kenya, July 2009)
- WHO Bulletin on economic costs of obstetric complications from FGM (in press)
- Expert consultation on health sector response to gender-based violence (March 2009)
- Guidance on primary prevention of intimate partner violence and sexual violence
- Review of interventions to address VAW and HIV/AIDS and expert consultation (with UNAIDS)

SRH/HIV synergies in action

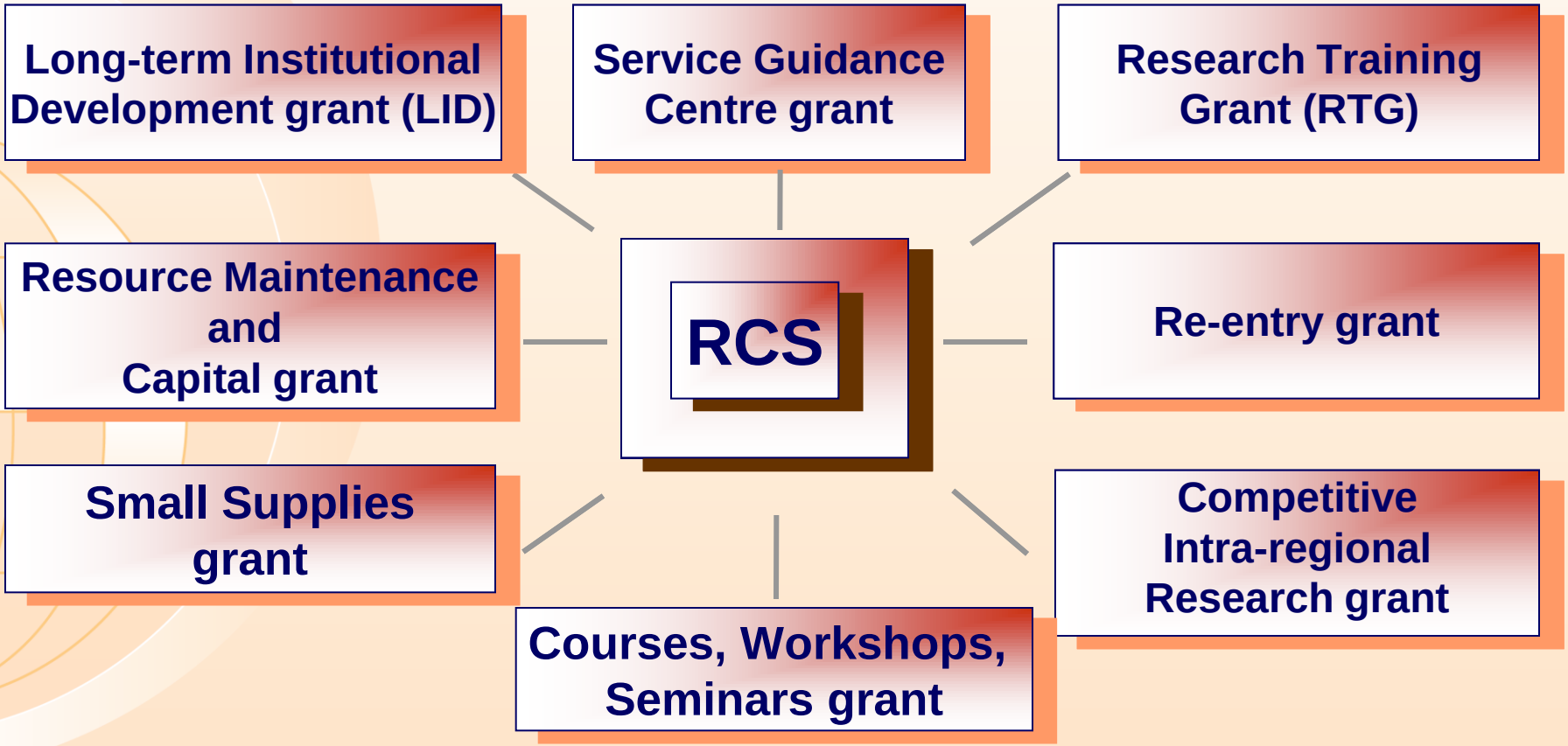
- First WHO Bulletin theme issue on SRH/HIV linkages
- Making the case for SRH interventions in Global Fund proposals
- First systematic review of SRH/HIV linkages published
- SRH/HIV Rapid Assessment tool implemented in 16 countries in sub-Saharan Africa
- Country Case Studies from Haiti, Kenya, Serbia
- Strategic Considerations for strengthening the linkages between family planning and HIV/AIDS
- Women and health report

Country context: addressing multiple needs for reducing maternal mortality and improving SRH

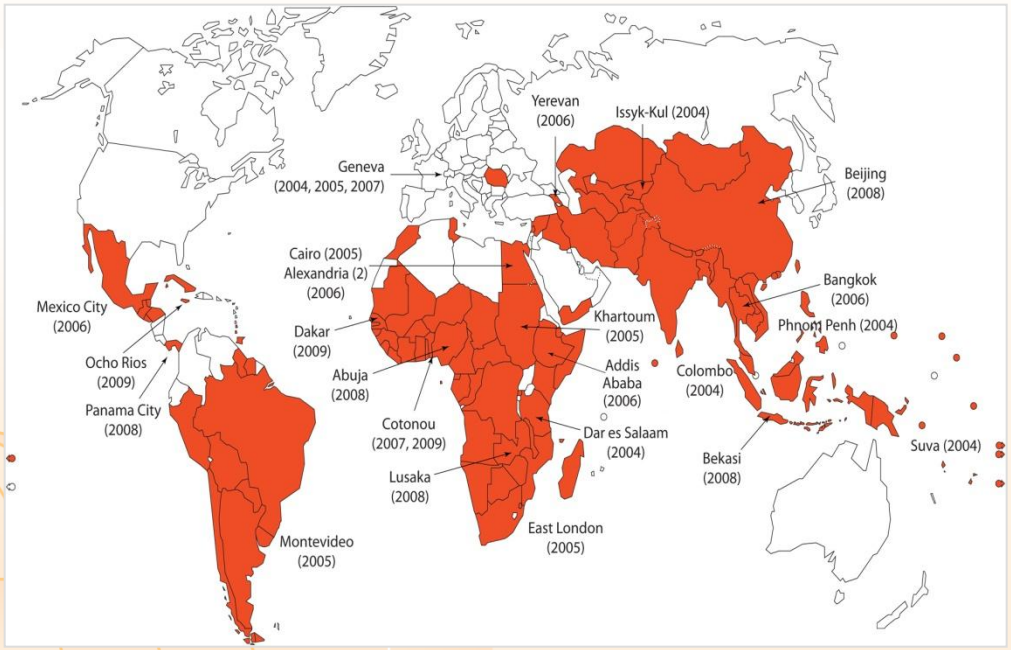
"If a woman comes and misses contraceptives of her choice at our hospitals, even if they are brought in later, it does not make a difference. The next time she comes it will be when a traditional birth attendant sends her to us dying from complications of an unplanned pregnancy."

Dr Kibaru, RH Director
HEALTH-KENYA 2009

Strengthening research and technical capacity; a long-term priority investment by HRP



Accelerating achievement of universal access to SRH



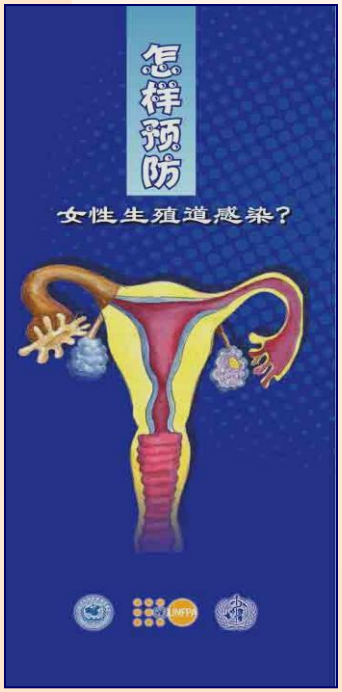
- Strategic linkages
- Combination packages
- Quality-access-demand

Countries of general focus N=122

Countries of intensified focus N=48

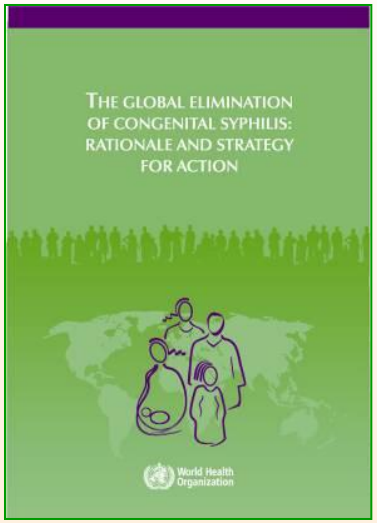
Countries of in-depth focus N=12

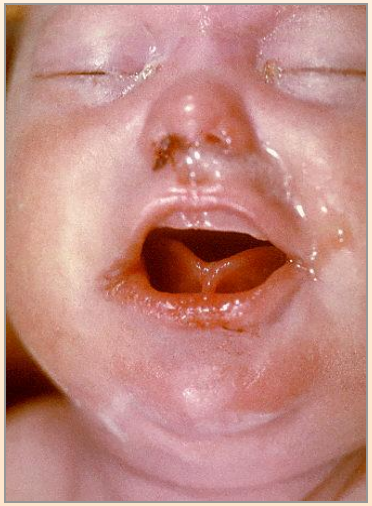
Adaptation of guidelines into leaflets and wallcharts to promote sexual and reproductive health



Elimination of congenital syphilis

- Investment Case for eliminating congenital syphilis : Promoting better maternal and child health and stronger health systems - being finalized
- Strengthening national capacity to plan for scaling up screening for syphilis during pregnancy: ***Cambodia, China, Indonesia Madagascar, Mongolia, Mozambique, few Latin American countries***
- Partnership with MNH and PMTCT HIV and other UN agencies from H4 as the opportunity to make elimination of congenital syphilis a reality





"HRP…remains the global leader in SRH research and capacity-building, with particular relevance to the **needs of populations** in **resource-poor settings**..... The evidence base resulting from this research has been translated effectively into **health policy changes** and **improved practice** and **standards** and ultimately improved outcomes. [HRP] is in a good position to continue advancing global public goods in a cost-effective way."

2008 External Evaluation conclusion

Thank you

"Societies and the political leaders who govern them must first decide that the health of women matters. Public health can do something of course. We can promote better access to sexual and reproductive health services … we can map out technical strategies for reducing maternal deaths"

Margaret Chan, Director-General, WHO
Launch of Women and Health Report, November 2009