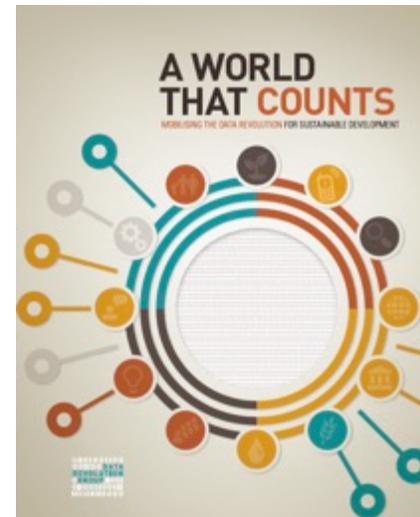


Pregnant women are adults too: what else must be done to further reduce maternal and newborn deaths

Stacie C. Stender

20 October 2015

Global Maternal Newborn Health
Conference



Objectives

- Review current status and importance of civil registration and vital statistics
- Review global epidemiology of disease for women 15-49 years of age
- Provide best practice examples of patient-centered, ‘integrated’ service delivery



The scandal of invisibility

“Although registration of birth does not guarantee access to education, health, social protection, or citizen participation, without a birth certificate those fundamental rights can be beyond reach.”

Phillips DE et al. *Lancet* (2015)
Setel PW et al. *Lancet* (2008)

Tanzania rolls out birth registrations by mobile phone



REUTERS

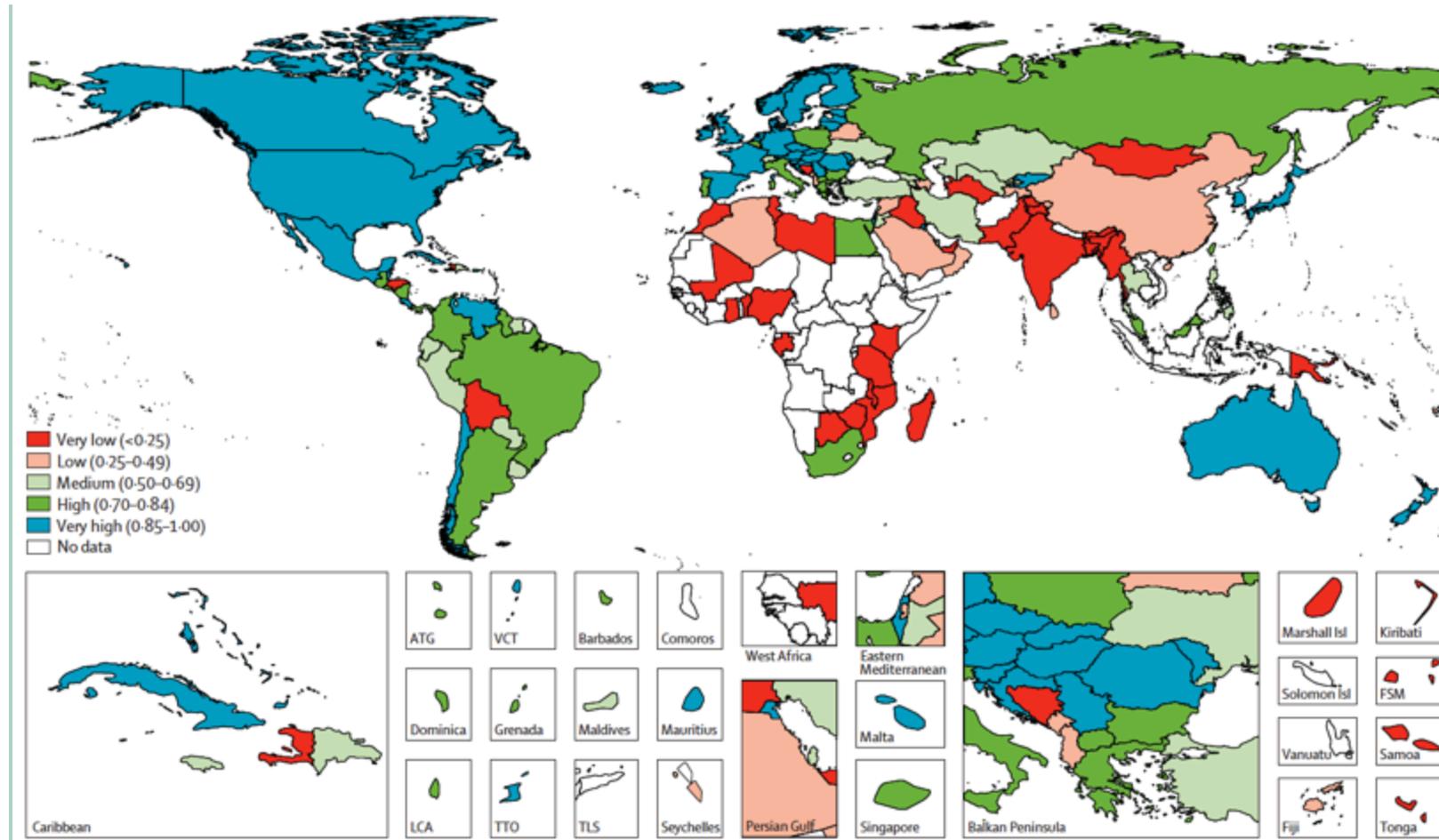
By **Kizito Makoye**

October 13, 2015 11:02 AM

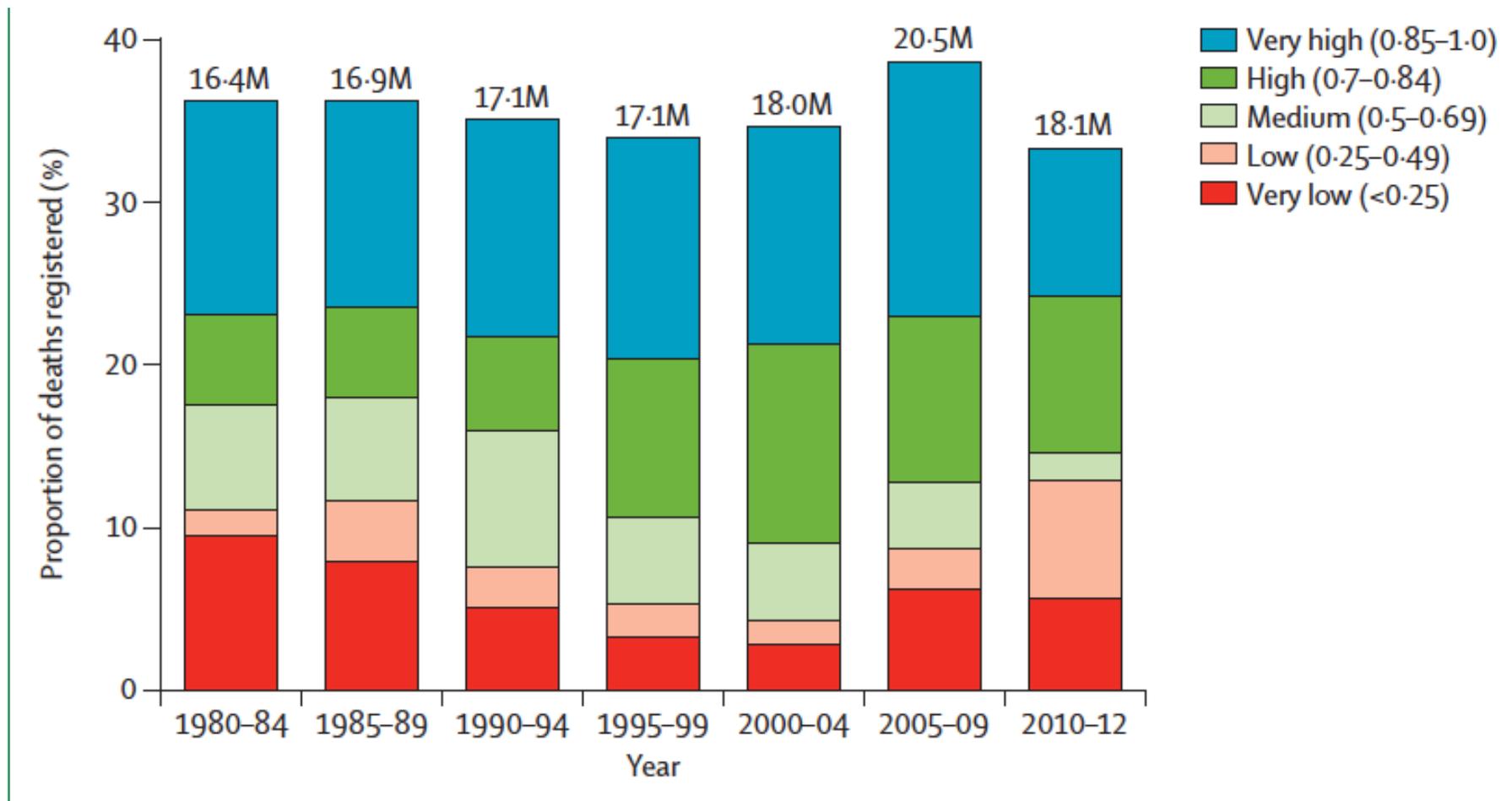
Vital Statistics Performance Index Metric

- completeness of death reporting
- quality of death reporting
- level of cause-specific detail
- internal consistency
- quality of age and sex reporting
- data availability or timeliness

Vital Statistics Performance Index scores, 2005-2012



Registered deaths worldwide according to civil registration vital statistics system development



The epidemiology, as we know it



Knowing local burden of disease is essential



Pregnant women are adults too!



And have similar (or greater) risks for common and serious infections / conditions

Know your epidemiology

What is the leading cause of death of women 15-49 years of age globally?

- In Central Latin America?
- In South Asia?
- In Eastern Europe?

Know your epidemiology

What is the leading cause of death of women 15-49 years of age globally?



Central Latin America: Interpersonal violence

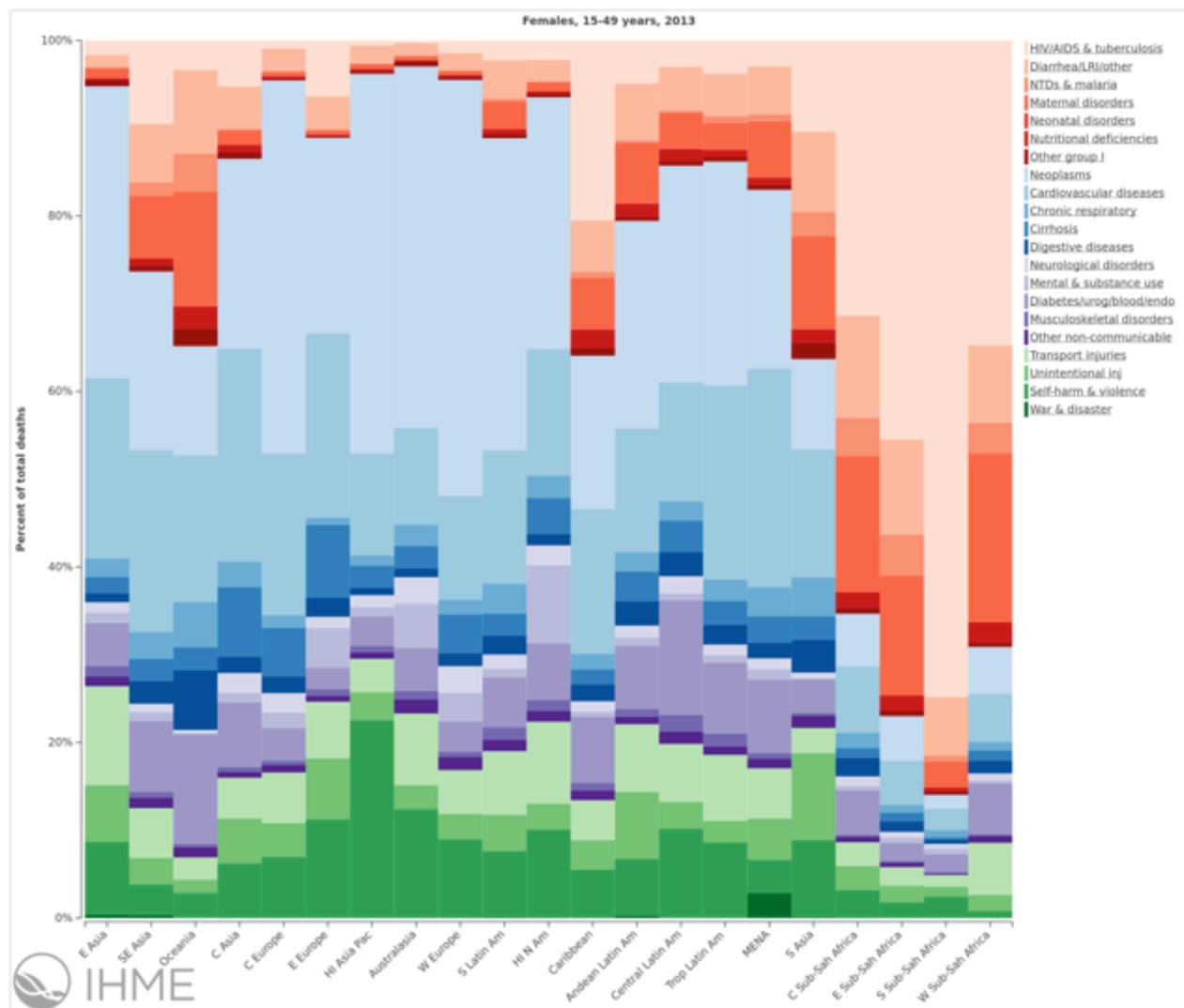
South Asia: Tuberculosis

Eastern Europe: Ischemic heart disease

Global Burden of Disease (GBD)

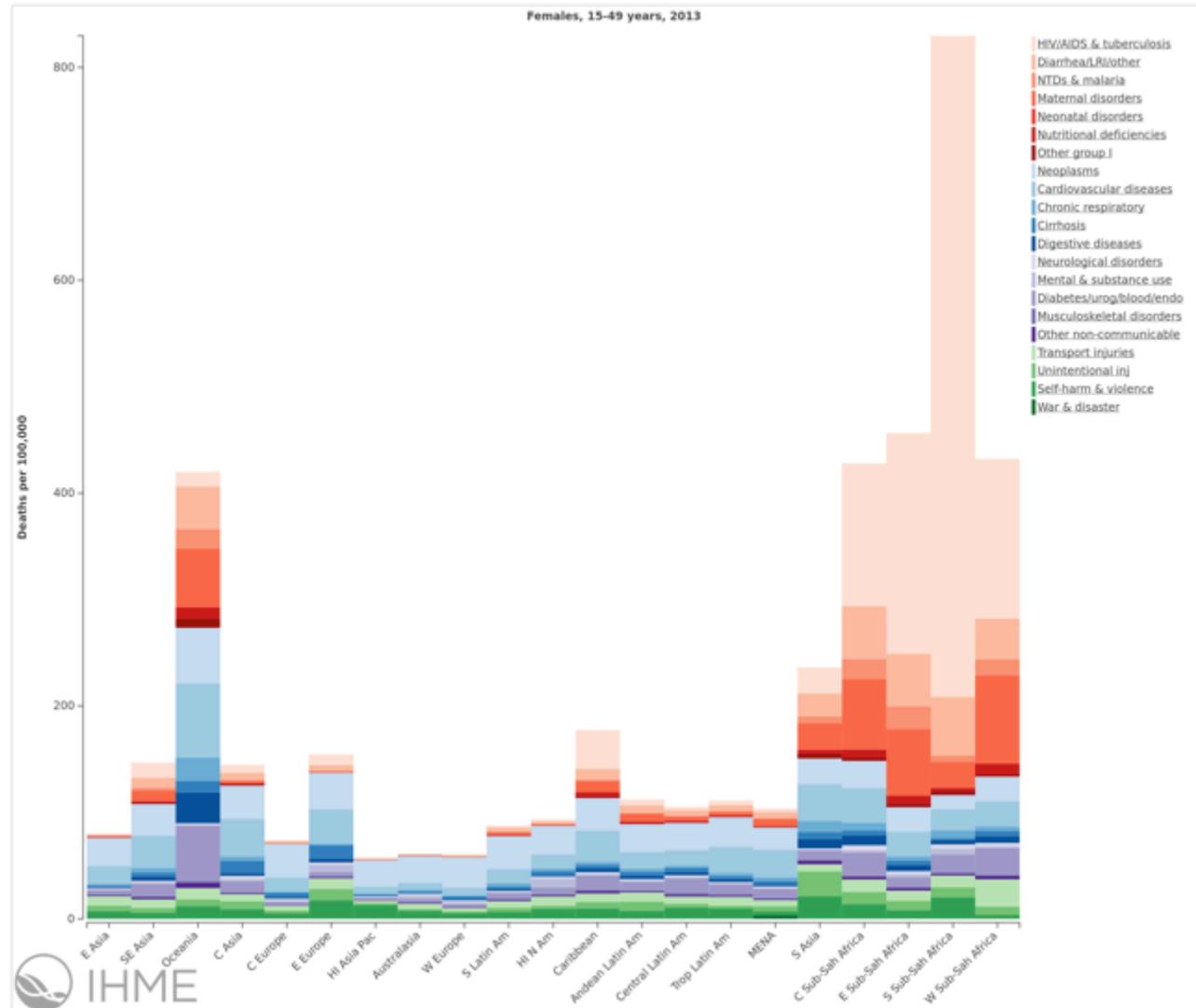
“Everyone, all over the world, deserves to live a long life in full health. In order to achieve this goal, we need a comprehensive picture of what disables and kills people across countries, time, age, and sex.”

Cause of Death of Women 15-49 Years of Age Across Global Burden of Disease Regions (as a percentage of all causes)



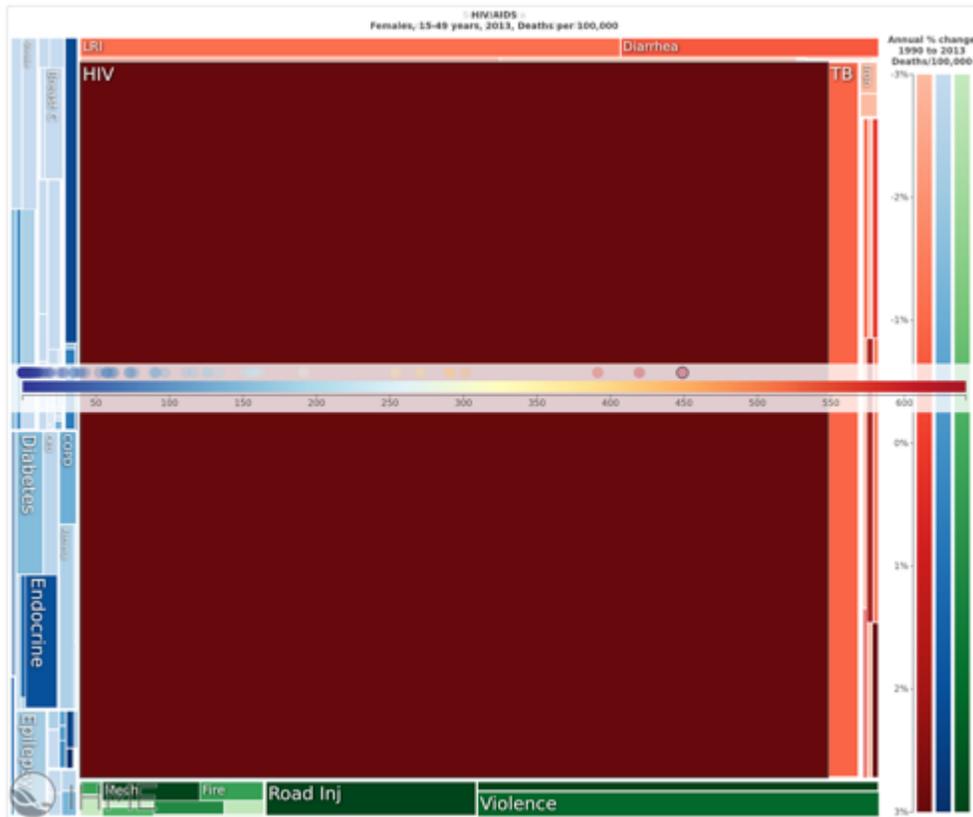
<http://vizhub.healthdata.org/gbd-compare/patterns>

Cause of Death of Women 15-49 Years of Age Across Global Burden of Disease Regions (rate per 100,000), 2013

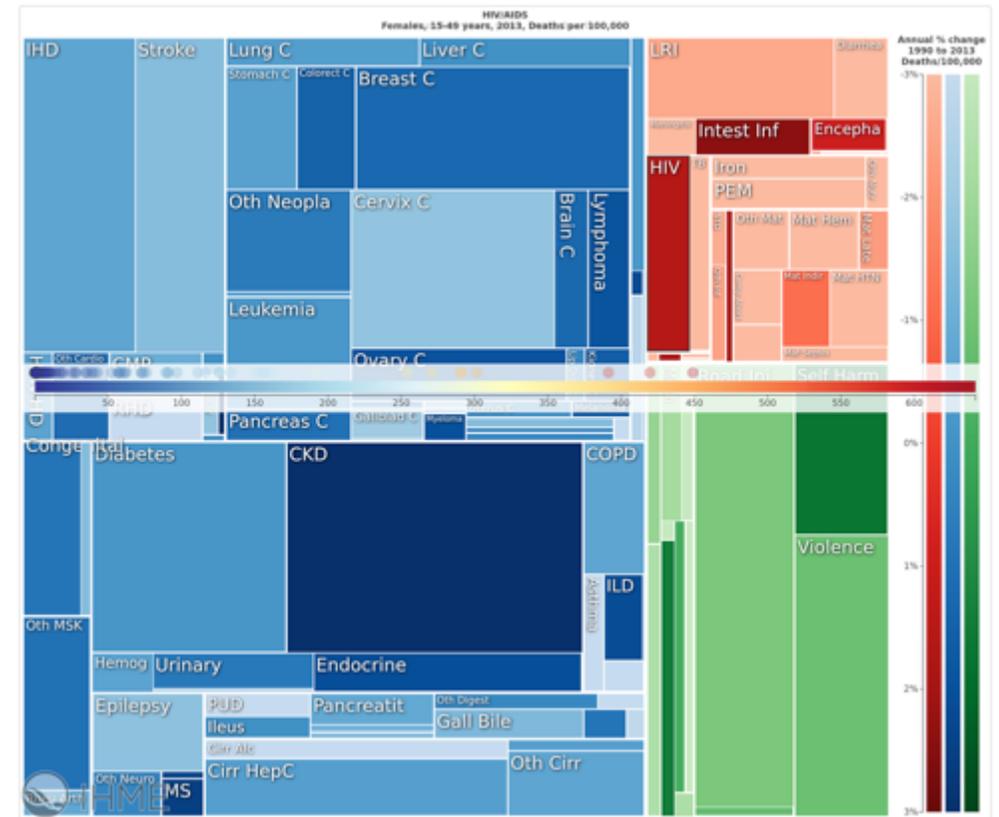


Country-Specific Variations in Causes of Death, 2013

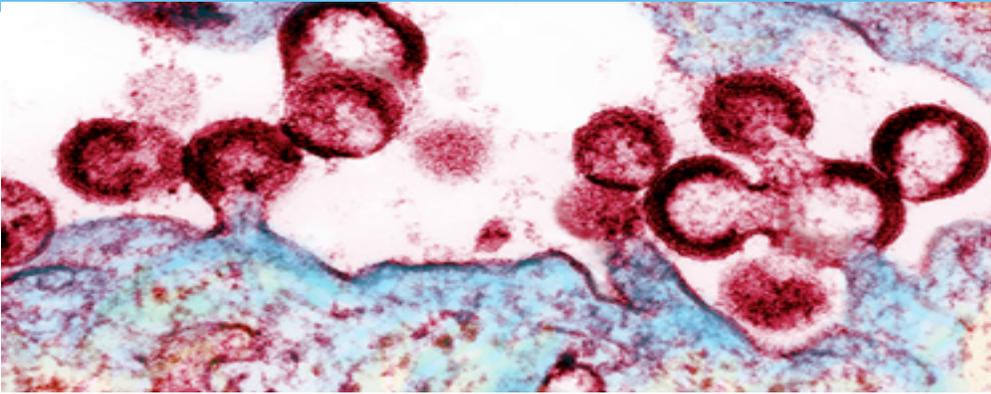
South Africa



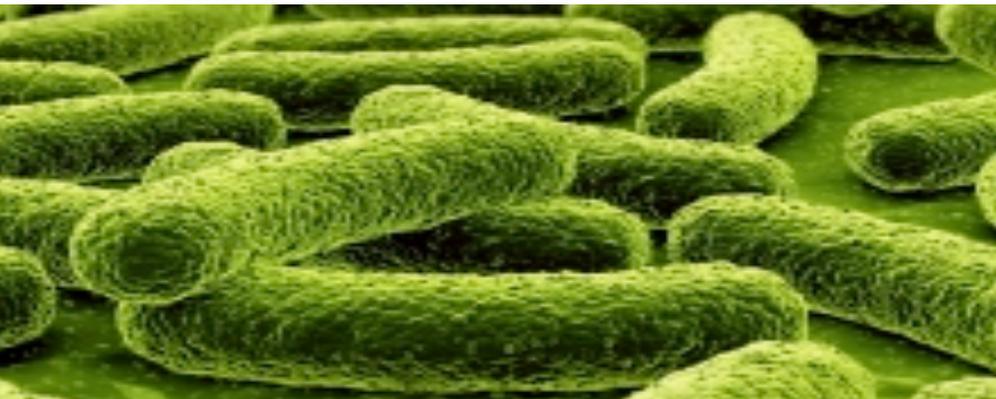
Mexico



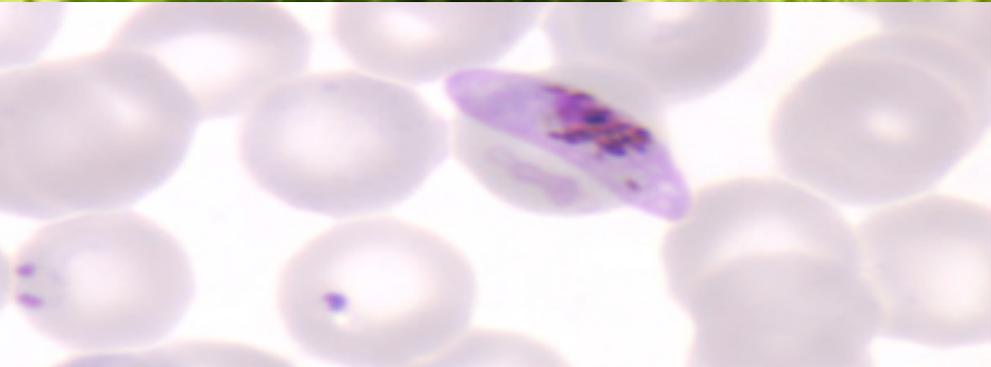
The Big 3



36.9 million adults and children living with the virus in 2014
15 million accessing ART
2 million new infections
1.2 million deaths



Estimated 9 million cases annually (2013)
480,000 cases of MDR-TB
1.5 million deaths



198 million cases in 2013
584,000 deaths, 85% among children under 5
90% in Africa



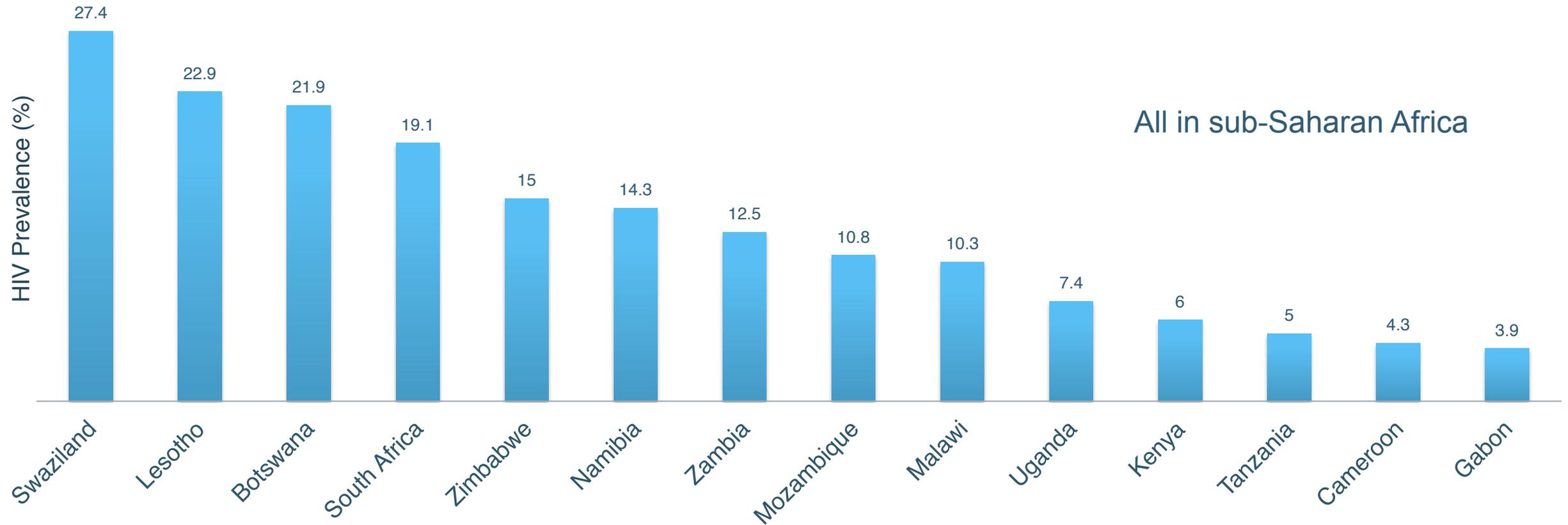
MDG 6

By 2010, achieve universal access to treatment for HIV/AIDS for all those who need it

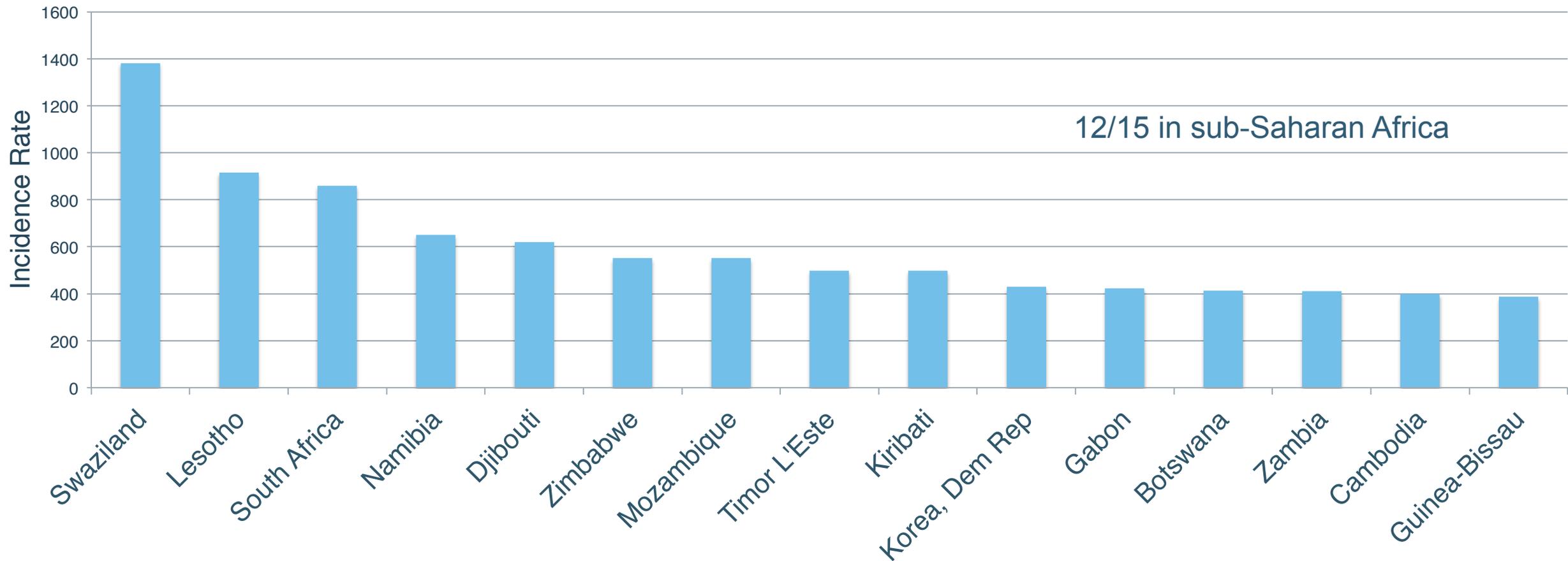
“Bold” Results in 2011: In 10 of the 22 countries with the greatest number of HIV positive pregnant women:

- Achieve at least 80% coverage of effective ARVs for PMTCT.
- **Provide antiretroviral coverage to at least 50% of HIV-positive pregnant women eligible for treatment for their own health**
- Reduce by 50% the current unmet need for family planning among all women.

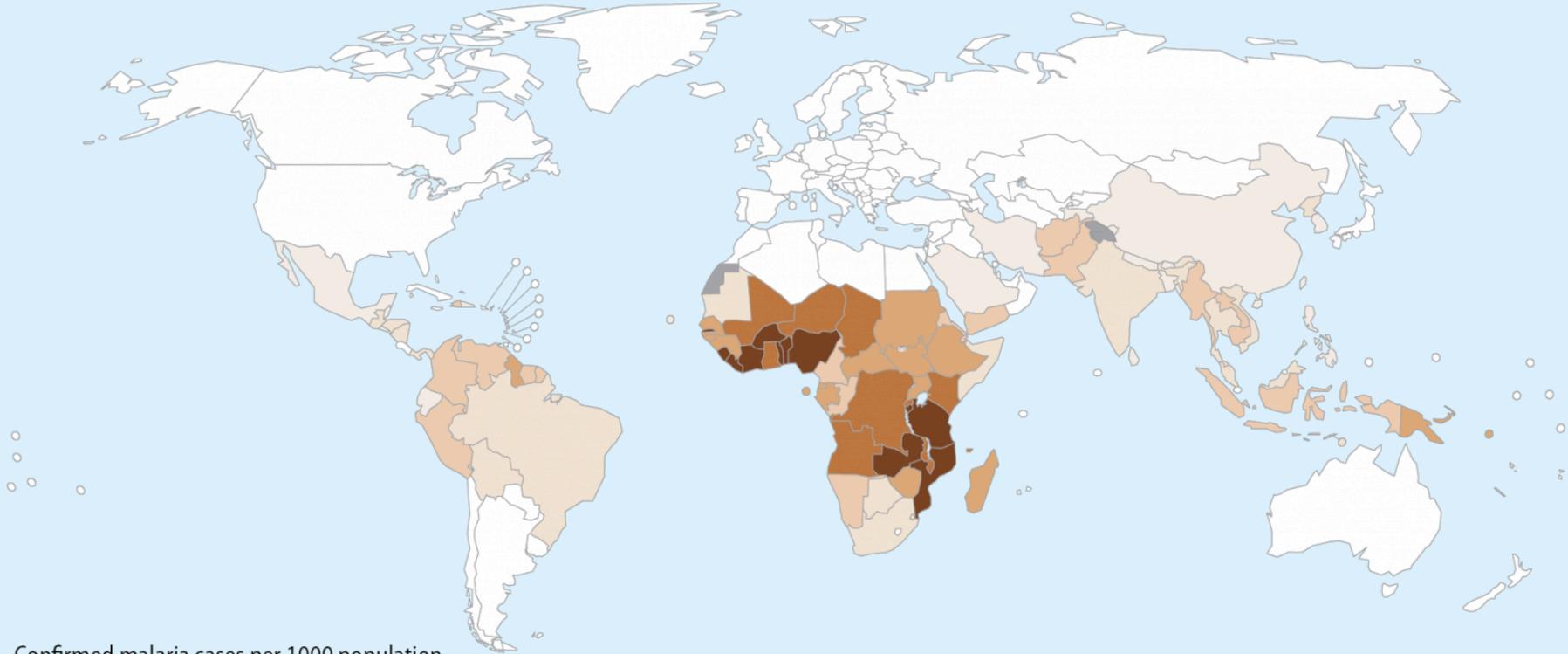
15 countries with highest HIV prevalence among adults age 15-49 globally, 2013



15 countries with highest TB incidence rate (per 100,000), 2013



World Distribution of Malaria in 2014

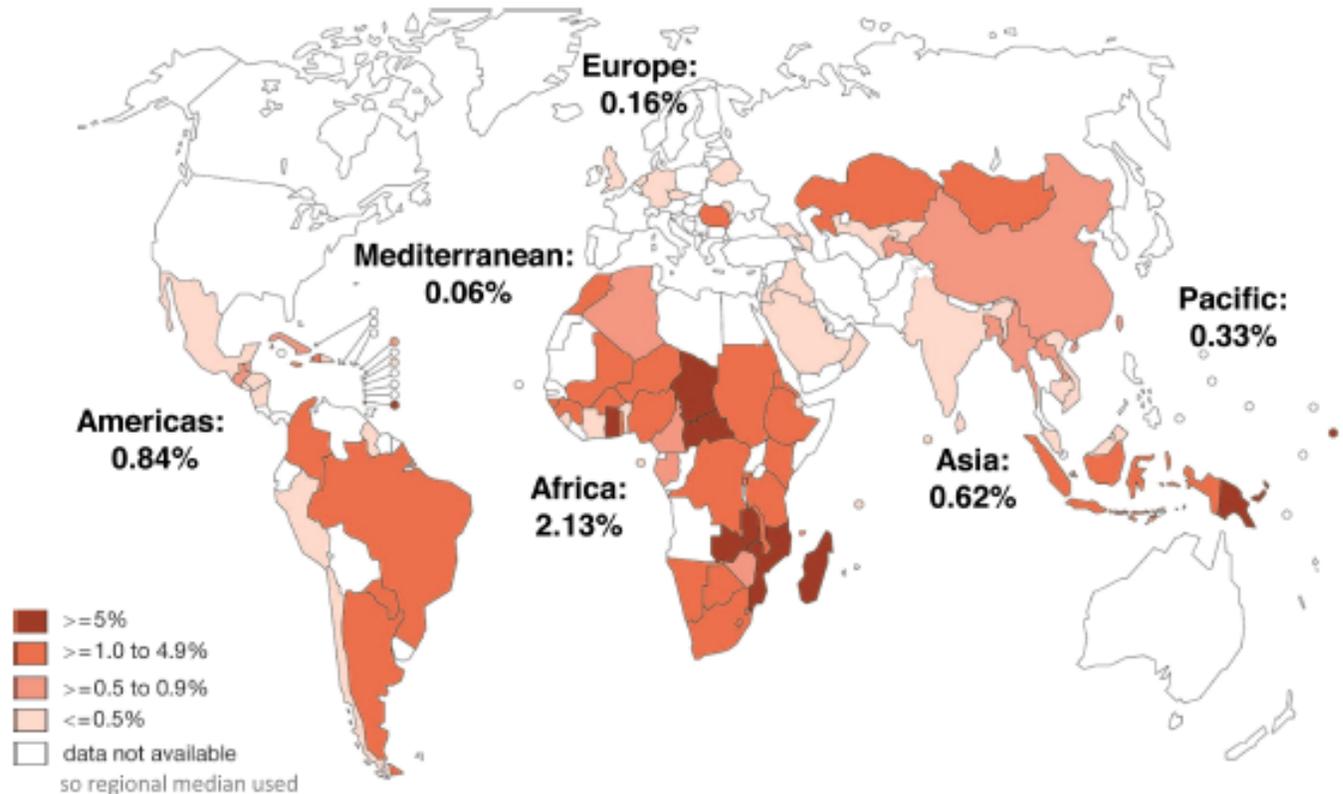


Confirmed malaria cases per 1000 population

>100	10-50	0.1-1	No ongoing malaria transmission
50-100	1-10	0-0.1	Not applicable

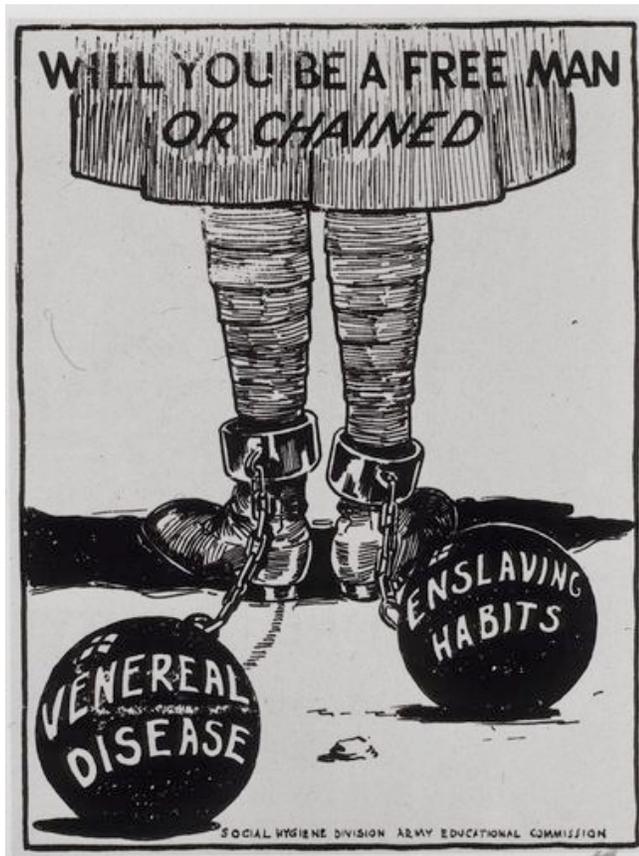
Source: National malaria control programme reports

Burden of syphilis: seropositivity estimates among ANC attendees, 2008



- 1.36 million with probable active infection
- .71 million adverse pregnancy outcomes without treatment
- .41 million fetal or perinatal deaths

How is syphilis transmitted?



National Institutes of Health

MilitaryTimes HOME WASHINGTON BEST FOR VETS BENEFITS CENTER OFFDUTY

Syphilis cases on the rise in the ranks

By Patricia Kime, Staff writer 7:18 a.m. EDT October 19, 2015

1751 27 3

(Photo: National Institutes of Health)

Syphilis cases are rising among active-duty troops — to the tune of a 41 percent increase since 2010, according to a new Pentagon report.

In the past month alone, the Navy saw nine new cases, as many as the sea service's diagnoses of Lyme disease, salmonella and giardia combined.

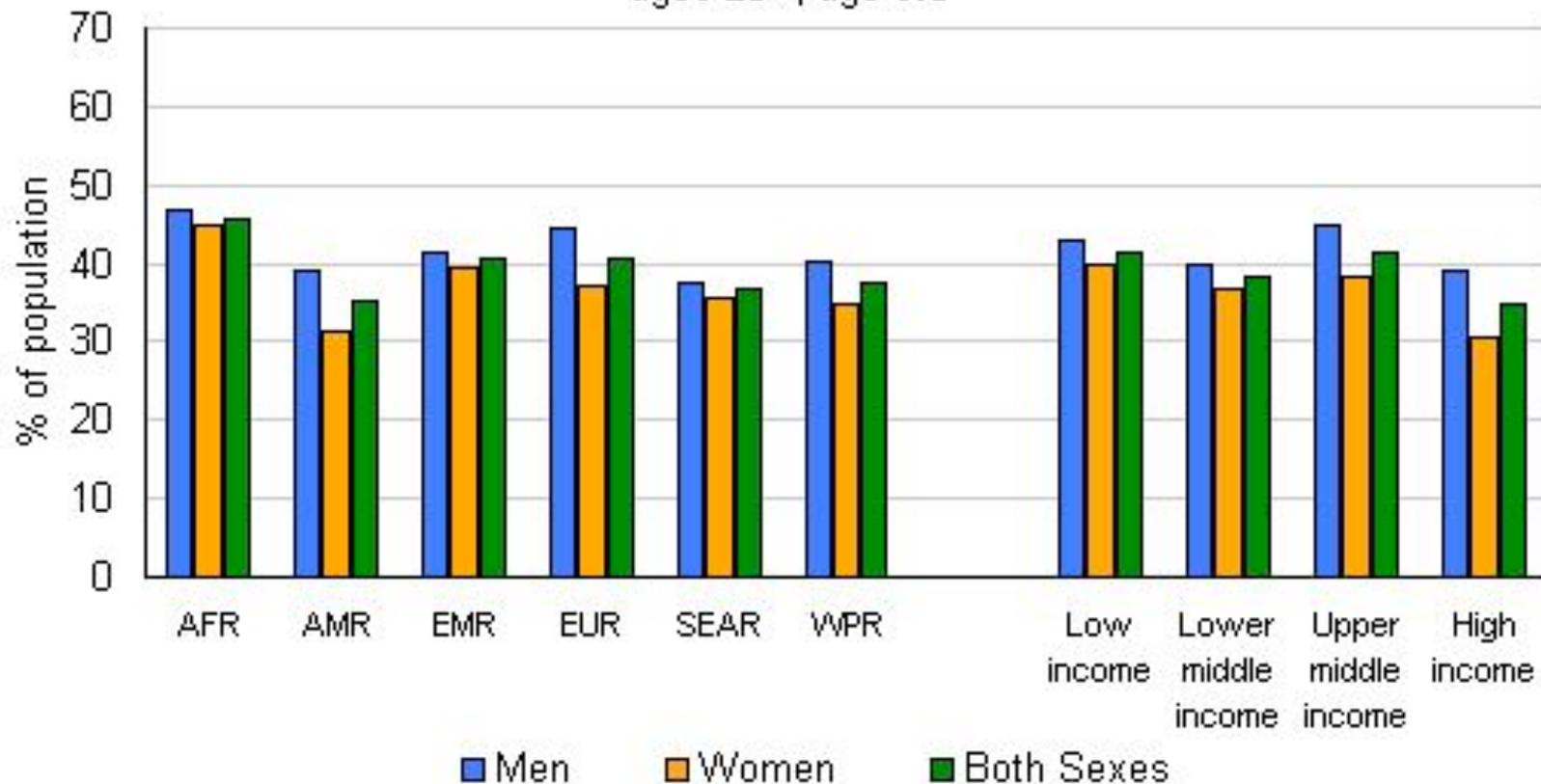
Syphilis is a highly contagious sexually transmitted disease that, if left untreated, can cause blindness, dementia and paralysis.

The Centers for Disease Control and Prevention says the disease was "on the verge of elimination" in the U.S. at the turn of the century. But it has rebounded with a vengeance, particularly among gay males, the CDC found.

41% increase since 2010 among US military

Globally, the overall prevalence of raised blood pressure in adults ≥ 25 was **estimated** to be 40% in 2008

% raised blood pressure (SBP 140+ and/or DBP 90+ or on meds),
ages 25+, age std



What % of women seeking ANC care are having their chronic HTN managed?

Too Far to Walk: Three Delays Model applies to all conditions

Phases of Delay

Phase I: Deciding to Seek Care

Phase II: Identifying and Reaching Medical Facility

Phase III: Receiving Adequate and Appropriate Treatment



Factors Affecting Utilization and Outcome

Socioeconomic / Cultural Factors

Accessibility of Facilities

Actual Quality of Care

Poorly staffed facilities

- Staff numbers
- Competency of personnel

Poorly Equipped Facilities

- Unavailability of blood
- Unavailability of drugs
- Unavailability of other equipment
- Hard currency problems

Inadequate management

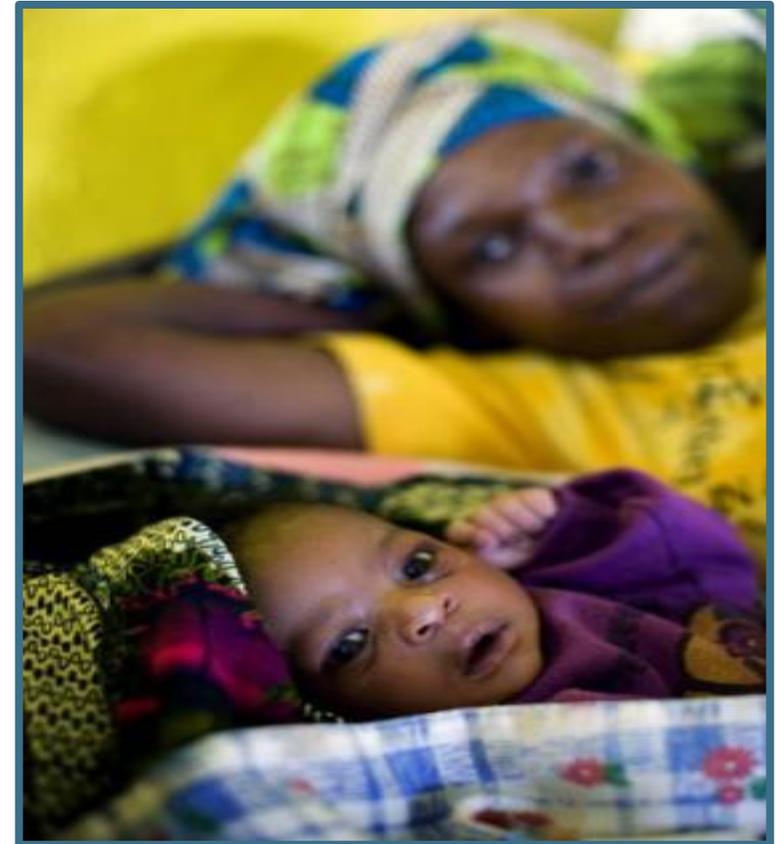
- Incorrect diagnosis and action

From Evidence to Practice

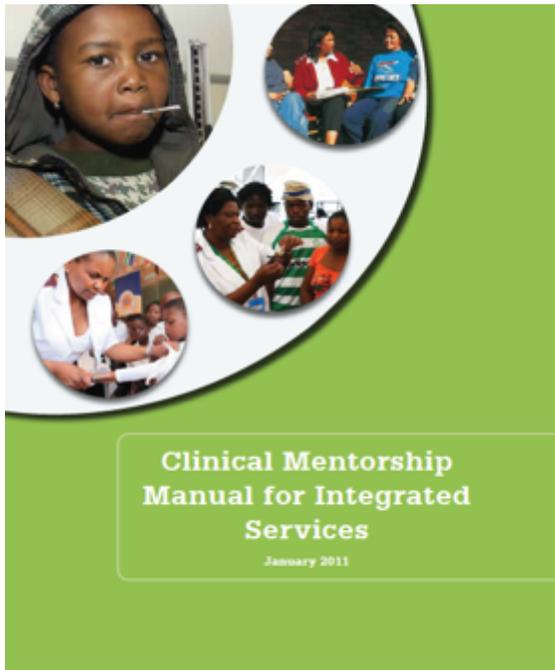


Extraordinary measures to save lives

- Advocacy
- Policy & Standards of care
- Education and training
- Facility-based implementation



Advocacy: 'NIM ART'



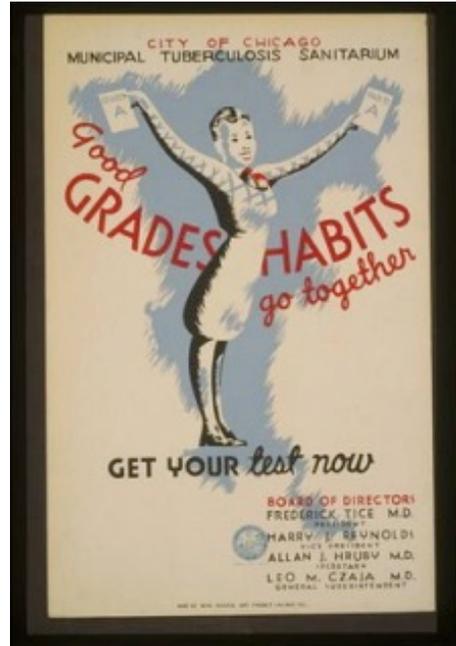
Policy & Standards of care

- Consideration of which platform reaches the most in need, i.e. primary care
- Guidelines for integrated care in ANC for HIV, TB, malaria, syphilis...
- To increase access to quality PHC
 - By involving providers and the communities they serve
 - Through quality assurance approach



Education, training, and mentorship *to develop*

Competency



Confidence



Facility-based implementation

FOCUSED ANTENATAL CARE 
an affiliate of Johns Hopkins University

G	Greet her in a friendly manner
A	Ask her if she has any problems and has she made an individual birth plan
T	Tell her about danger signs (see back)
H	Help her make an individual birth plan
E	Explain about malaria, intermittent preventive treatment, insecticide-treated bed nets, tuberculosis (TB) and safer sex
R	Remind her about dangers signs, individual birth plan and 4 ANC visit schedule (< 16 weeks; 16–28; 28–32; 32–40)

REMEMBER TO ASK ABOUT HER INDIVIDUAL BIRTH PLAN

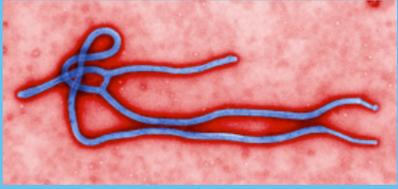
- Does your client know when her baby is due?
- Has she identified a skilled birth attendant?
- Has she identified a health facility for delivery/emergency?
- Can she list danger signs in pregnancy and delivery?
- Has she identified a decision-maker in case of emergency?
- Does she know how to get money in case of emergency?
- Does she have a transport plan in case of emergency?
- Does she have a support person for the birth?
- Has she collected the basic supplies for the birth?
- Has she identified a blood donor?

BEFORE THE WOMAN LEAVES YOUR CLINIC, STOP AND ASK HER IF SHE:

- Has a supply of iron and folate tablets
- Has taken her SP and has had her tetanus toxoid injection
- Has a birth plan
- Has a method of postpartum family planning in mind
- Has an ITN
- Knows her appointment for the next ANC visit, 2nd dose of SP and TT
- Knows to return for postpartum care within 3 days of birth
- Knows the signs and symptoms of TB and has been screened if indicated
- Knows her HIV status

You have now prepared your client!

- Clinical mentoring and supportive supervision
- Procurement of equipment and supplies
- Community mobilization / awareness
- Strengthen M&E systems
- Quality assurance



Recommendations

- Sustainable development including better health outcomes requires CRVS systems
- Consider the epidemiological context for largest impact
- Patient-centered care is essential: create culture of thinking in clinical care rather than vertical integration
- Maintain cognizance of HRH crisis and that providers, particularly at PHC level, don't think *or work* vertically
- Realize synergy



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Final thought

2. Cause-specific mortality and morbidity

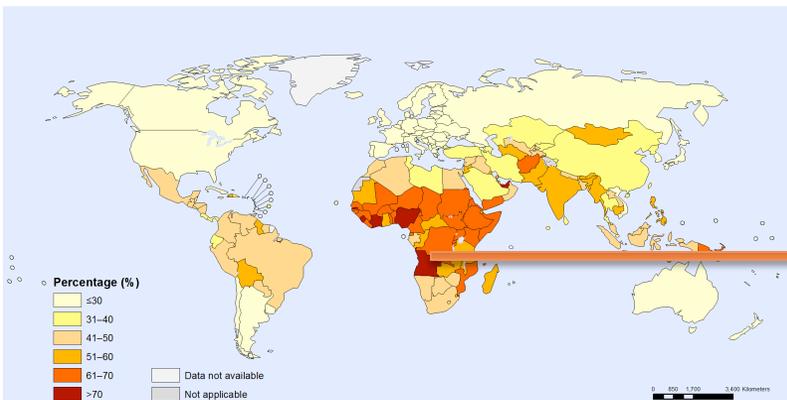
Member State	MDG 5 Maternal mortality ratio ^a (per 100 000 live births)	Mortality											
		Cause-specific mortality rate (per 100 000 population)					Age-standardized mortality rates by cause ^{b,c} (per 100 000 population)				Distribution of years of life lost by broader causes ^{d,e} (%)		
		Female	HIV/AIDS ^b	MDG 6 ^c Malaria ^c	MDG 6 ^c TB among HIV-negative people ^c	MDG 6 ^c TB among HIV-positive people ^c	Non-communicable	of which:			Communicable	Non-communicable	Injuries
			Cardio-vascular	Cancer	Injuries								
2005	2007	2006	2007	2007	2004			2004					
Afghanistan	1 800	...	<1	30	...	1 309	719	164	97	77	18	5	
Albania	92	...	...	3	...	752	485	149	58	12	71	16
Algeria	180	<10	0	2	0.1	565	268	98	60	43	42	15	
Andorra	...	...	...	2	...	373	127	127	29	7	80	12
Angola	1 400	65	128	22	11.3	1 071	480	190	206	81	11	...	

11%

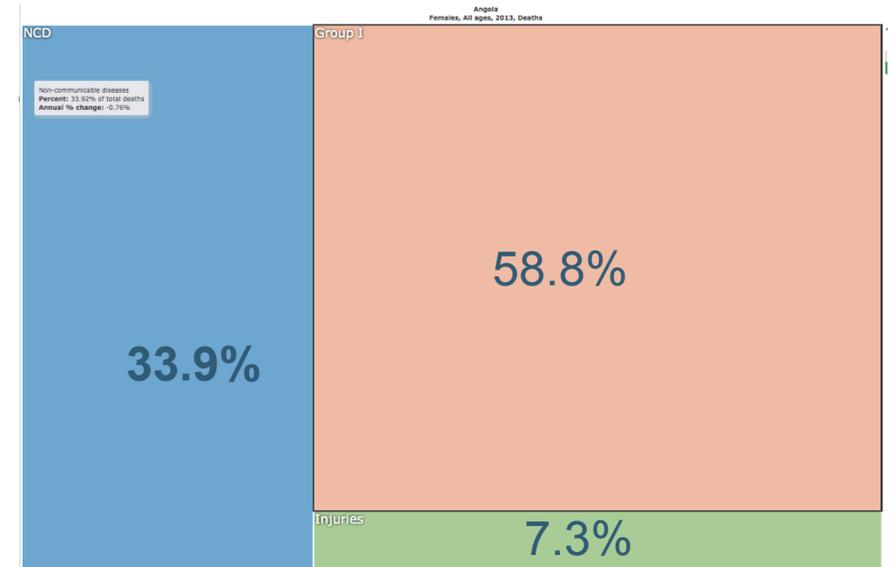
http://gamapserver.who.int/mapLibrary/Files/Maps/Global_NCD_deaths_under70_female_2012.png

http://www.who.int/whosis/whostat/EN_WHS09_Table2.pdf

Percentage of deaths due to noncommunicable diseases occurring under age of 70 Female, 2012



>70%



<http://vizhub.healthdata.org/gbd-compare/>

Gracias



stacie.stender@jhpiego.org