Focus

Dr. Moeti launches the Technical Advisory Group on Reproductive, Maternal, Newborn, Child and Adolescent Health in the WHO African Region: a milestone in the fight against maternal and neonatal mortality

Globally, most countries have shown some level of improvements in maternal, reproductive and child health indicators. However, the African Region still has the highest maternal, newborn, and child mortality compared to other WHO Regions. In addition, women, adolescents and other vulnerable groups continue to face challenges in accessing quality Sexual and Reproductive Health information and services.

“Improving the health of women, children and adolescents is an important contributor towards attaining Universal Health Coverage (UHC). While progress has been made, a lot still needs to be done. If we continue on the current trajectory it is unlikely that the Sustainable Development Goals targets on maternal health, sexual and reproductive health and child survival will be met in 2030.” Dr Matshidiso Moeti, Regional Director, WHO Regional Office for Africa.

The AFRO Regional Director recognized the need to have an independent group of experts who can provide strategic advice on how to speed up the progress towards ending preventable maternal and child deaths and improve sexual and reproductive health in the Region. For this purpose, the Reproductive, Maternal, Newborn, Child, and Adolescents Health Technical Advisory Group (RMNCAH TAG) has been established.
The seventeen RMNCAH TAG members represent a broad range of disciplines: public health, epidemiology, pediatrics, neonatology, adolescent health, child health, obstetrics and gynecology, midwifery, health economics, advocacy, anthropology, gender, equity and human rights, human resources for health and sociology.

The RMNCAH TAG has the duty of advising WHO AFRO on overall regional policies and strategies related to Sexual and Reproductive Health and Rights (SRHR), Maternal, Newborn, Child, and Adolescents’ health.

For the RMNCAH TAG to perform its duty, it required some orientation on the AFRO Regional RMNCAH situation, the related initiatives and the expected roles and responsibilities of its members. It is for this purpose that an inaugural meeting of the TAG was held on 25th November 2020.

«We shall share with you the many challenges hindering the progress in WHO African Region towards reducing maternal, newborn, child, and adolescent mortality rates, most of which are related to the resilience of the health system. We believe that with the strategic advice from the TAG, these challenges can be overcome, and we can move positively towards achieving the RMNCAH SDG targets by 2030» said Dr. Jennifer Nyoni, Universal Health Coverage/Life Course Cluster Acting Director during her opening remarks.

Taking stock of the progress made by the SRHR Initiative in the African Region during the year 2020

WHO in the African Region has been implementing a four-year initiative, launched in January 2019, to enhance existing efforts for reducing preventable maternal morbidity and mortality. It emphasizes on eliminating maternal deaths due to unsafe abortion, as an important contributor to the reduction of maternal mortality in the African Region. The Initiative focuses on the provision of Sexual and Reproductive Health and Rights (SRHR) services within the Universal Health Coverage (UHC) framework. It focuses on the most vulnerable populations, including those living in humanitarian settings, using a health system strengthening approach.

«The health system strengthening approach of this Initiative is key to address the challenges in the Region. We believe this method can provide lasting benefits, achieving resilient systems of health, contribute towards UHC, and meet the needs of the vulnerable and marginalized groups» Dr. Geoffrey Bisoborwa, Universal Health Coverage/Life Course Cluster Acting Director.

This is the second year of implementation of the Initiative. It was therefore imperative to take stock of progress made since 2019 and plan for 2021 – hence AFRO organized a virtual review and planning meeting with all the implementing countries on the 3rd December 2020.

The meeting also provided a platform for the selection of the RMNCAH-TAG Chair and Vice-Chair which was based on the following criteria: geographic balance, gender balance, diversity, and expertise.

The meeting elected Dr Jeanne d’Arc Gakuba as the Honorable Chair of the RMNCAH TAG. Dr Gakuba is a former Senator and Vice-President of the Senate of Rwanda, former Vice Mayor of Kigali, with 32 years’ experience in health governance, health financing, health workforce, service delivery systems. She is also a gender and social protection advocate and member of various decision-making organs for Sexual, Reproductive, Maternal and Child Health.

The meeting elected Professor Blami Dao as the Honorable Vice Chair of the RMNCAH TAG. Professor Dao, from Burkina Faso, is the Jhpiego Technical Director for Western and Central Africa, with 28 years’ experience in Sexual, Maternal and Reproductive Health at national and international level. Professor Dao is currently a member of the WHO Strategic and Technical Advisory Group of Experts (STAGE) on Maternal, Newborn, Child, Adolescent Health and Nutrition (MNCAH&N). He is also a member of the Burkina Faso national RMNCAH Group of Experts. He is an expert in health governance, service delivery, health systems, health information, research, and innovation.

Members of the RMNCAH – TAG https://www.afro.who.int/publications/members-rmncah-technical-advisory-group

Taking stock of the progress made by the SRHR Initiative in the African Region during the year 2020

«It is important to take stock of the progress made, discuss the challenges to be overcome and identify practical solutions to strengthen the implementation of the initiative to accelerate the achievement of Sustainable Development goals, in particular for the reduction of maternal mortality (SDG 3.1), universal access to sexual and reproductive health services (SDG 3.7) and sexual and reproductive health and reproductive rights (SDG 5.6).» Dr. Geoffrey Bisoborwa.

©WHO/Amaka Onyiah & Maryse Koufoundila Mboussa
The four countries selected for initial inclusion in 2019 were Benin, Burkina Faso, Rwanda, and South Africa. In mid-2020, Sierra Leone was brought on board as a new focus country for the Initiative. The focus countries of the Initiative are those with a high burden of unintended pregnancy and unsafe abortions and who have expressed the need and willingness to expand access to safe abortion, including post-abortion care and post-abortion contraception.

«We are together to stop the deaths of women and children on our beloved continent, Africa.» Dr. Triphonie Nkurunziza, Team Lead for Reproductive and Maternal Health WHO Regional Office for Africa.

Outstanding achievements presented by the four countries include:

- In Benin, 283 pharmacists and people responsible for epidemiological surveillance have been trained in the recording and evaluation of adverse drug reactions resulting from the use of drugs including those for abortion-related services (pharmacovigilance)
- MoH Burkina Faso was supported in the development of national guidelines for caesarean section practice and monitoring tools with the use of the Robson index. Also, the joint country assessment of continuity of sexual and reproductive health services during the COVID-19 period in the five regions affected by the humanitarian and the public health crises permitted to mobilize funding in a short period for the installation of solar panels for a center to house the blood bank in Dori, the purchase of a generator, and the construction/rehabilitation of 11 advanced health posts in the Sahel region – all these will contribute to improving the provision of reproductive and maternal health services in these difficult-to-reach parts of the country
- In Rwanda, Post Abortion Care training manual was updated and disseminated to 299 clinicians
- In South Africa, the national consolidated Sexual and Reproductive Health Policy was developed and disseminated at national level. Also, the Termination of Pregnancy (ToP) Act Clinical Implementation Guideline has been finalized and disseminated. Finally, WHO is supporting the continuity of essential SRHR services in the context of COVID-19 through routine data analysis of SRHR services for advocacy.

Despite the uncertainties associated with the current COVID-19 pandemic, SRHR teams remained active to improve sexual and reproductive health and rights in the WHO African Region by emphasizing on technical support, policy dialogue and advocacy. The active engagement of the SRHR teams in the COVID-19 response permitted integration of SRHR services into this response.

©WHO/Amaka Onyiah & Maryse Koufoundila Mboussa
In late 2019 and early 2020, the National Department of Health (NDOH) in collaboration with Sexual and Reproductive Health and Rights (SRHR) partners and WHO developed a series of SRHR guidelines that include: Clinical guideline for implementation of the choice on Termination of Pregnancy Act, Contraception Clinical Guidelines, among others. Similarly, WHO also released Consolidated Guideline on Self-Care Interventions for Health in Sexual and Reproductive Health and Rights in 2019 which is among the most promising new approaches to improve health and well-being, both from a health systems and users perspective.

A national workshop was organized by NDOH in collaboration with WHO Country Office in Cape Town, South Africa from 9-13 November 2020 to disseminate the newly developed National and WHO guidelines. These included the National Clinical guideline for implementation of the Choice on Termination of Pregnancy Act, National Contraception Clinical Guidelines etc. and The WHO Consolidated Guideline on Self-Care Interventions for Health in Sexual and Reproductive Health and Rights.

The workshop provided inclusive and interactive discussions on SRHR with full participation from the participants, thereby empowering SRHR champions. It gathered 75 participants including participants from: NDOH, all the nine-provincial health departments, SRH partners, Universities, Civil Society Organizations, members of the South Africa Society of Gynecology and Obstetrician (SASOG) in a face to face meeting; while other participants were virtually to maximum familiarization and contribution.

The workshop winded up with the development of provincial SRHR improvement plans for each of the nine provinces in consultation with SRHR partners that support the respective provinces and the National Department of Health.
Benin: Strengthening training in Sexual and Reproductive Health and Rights in five health professionals’ training institutions

Sexual and reproductive health is a concern that extends from childhood to old age for both men and women. Sexual and reproductive health programs must be tailored to meet individuals’ needs and challenges at different stages of life. Adequate education and health care are needed at all ages. Hence, the need to popularize the concept of SRHR through its teaching in health professionals’ basic training curricula.

Benin has five public institutions for the training of health professionals. Each of them has autonomous management, with different experiences and histories. Most of these institutions have training curricula in Sexual and Reproductive Health and Rights (SRHR). However, an important gap that was identified from the evaluation was the inadequate attention to the ‘Rights’ part of SRHR – this was found critical in terms of ensuring that providers can adequately respond to the SRHR needs of all users irrespective of the sensitive nature of SRHR.

To fill this gap, the Ministry of Health of Benin, in collaboration with WHO, the Ministry of Higher Education (MES), and the Regional Institute of Public Health (IRSP), started in 2019 a process of strengthening SRHR training in Benin’s public health training structures. This process, which will continue in 2021, has resulted in an adequate level of commitment and motivation of the training institutions. It includes several steps, among which are the evaluation of the Sexual and Reproductive Health and Rights training capacities of the targeted institutions and advocacy for implementing the recommendations resulting from this evaluation. The latter took place during a workshop organized for this purpose from 4th to 6th November 2020 in Bohicon.

The participants in this workshop represented the targeted training institutions, namely: The Faculty of Health Sciences of Cotonou, the Faculty of Medicine of the University of Parakou, The National Medical and Health Institute of Cotonou, The Institute of Training in Nursing and Obstetric Care of Parakou and the School of Medical and Social Training of Parakou. They were accompanied by resource persons from the IRSP, the Ministry of Health, the Ministry of Higher Education and the WHO in Benin.

The three major components of the Teaching Units (Unité d’enseignement) that were included in the workshop’s proceedings were (i) Definitions of the concept of SRHR (ii) Key recommendations for SRHR training content for each training institution, (iii) Regional course on Sexual and Reproductive Health Rights.

The sessions were also an opportunity for participants to appreciate the main teaching units covered in the regional course on Sexual and Reproductive Health and Rights.

This meeting served as an opportunity for additional advocacy for strengthening SRHR training and it yielded several positive results.

Overall, all the proposed modules were integrated to varying degrees. Recommendations were also made for further advocacy action:

- The integration of sexual and reproductive rights teaching units into existing Sexual and Reproductive Health (SRH) modules
- The integration of sexual health education and the pathologies that can result from sexuality into mental health education
- The reinforcement of practical training courses
- The involvement of several specialties that address SRHR, namely gynecology, pediatrics, psychiatry, urology, public health, etc.
The integration of sexual and reproductive rights in SRHR training modules for pharmacy, physiotherapy, social workers, and health care workers.

The participants also proposed teaching content by level of study. Thus, together, they defined the basis for integrating SRHR in basic training modules for health professionals in Benin.

Finally, each training structure engaged in setting up a consultation team, developing and integrating the modules selected into the existing credits for the different fields, what they started doing right after the meeting.

**Burkina-Faso: WHO supports the Ministry of Health in the proper use of medicines for Safe Interruption of Pregnancy Permitted by National Laws**

The Ministry of Health of Burkina Faso is working to improve access to quality sexual and reproductive health services by operationalizing the Policies, Standards, and Protocols (PNP) recently updated by the Directorate of Family Health. In this regard, WHO has provided technical assistance to revising the National List of Essential Drugs with the integration of misoprostol and mifepristone indicated for the safe Termination of Pregnancy service in accordance with national laws. Emergency contraception was also newly included in the National List of Essential Drugs in accordance with the national policy that considered the WHO Essential Drug List (2019).

To support health service providers in the use of the drugs that have been newly included in the National List of Essential Drugs, the National Agency for Pharmaceutical Regulation (ANRP) in collaboration with the Family Health Directorate of the Ministry of Health and WHO organized an orientation session for thirty-five clinicians and pharmacists from five national university hospitals.

This workshop introduced participants to the Sexual and Reproductive Health (SRH) Policies, Standards and Protocols of the Ministry of Health (MOH) of Burkina Faso 2019 edition; gave an overview of the revised National List of Essential Drugs and the newly integrated SRH drugs in 2020 (indications, mode of action, dosage, pharmacovigilance); and provided a discussion on the modalities for scaling up and use of these drugs.

As a next step, Burkina Faso plans to assess medical products’ availability for abortion in support of the Global CombiPack Initiative (GCI) lead by WHO headquarters. This assessment aims to document the specific experience and regulatory landscape regarding the availability and use of medical abortion products and services to develop specific recommendations to increase the availability of mifepristone-misoprostol in affordable and quality co-packages.
**Latest Publications**

WHO online consultation in response to the COVID-19 pandemic: Planning for rapid dissemination and implementation of the WHO Consolidated Guideline on Self-Care Interventions to strengthen sexual and reproductive health and rights in the African Region (French Version)


**WHO African Region's Countries Abortion Health Profiles**


**Directors of Publication:**
Dr. Triphonie Nkurunziza, Dr. Léopold Ouedraogo

**Editors:**
Ameyo Bellya Sekpon, Dr. Chilanga Asmani, Dr. Hayfa Elamin

**Contributors:**
- **WHO Regional Office for Africa:** Amaka Pamela Onyiah
- **Benin:** Dr. Souleymane Zan, Dr. Thierry Tossou Boco, Dr. Ghislaine Giltho ép Alinsato
- **Burkina-Faso:** Dr. Dina Gbénou, Dr. Clotaire Hien, Dr. Sandrine Gampini, Dr. Ramatou Sawadogo, Dr. Fousseni Dao
- **South Africa:** Dr. Belete T. Miheretu

**Graphic Designer:**
Launique Loubassou Massaka