PPH Roadmap

Mariana Widmer, WHO/SRH/MPH
Maternal Health Supplies Caucus
17 October 2023
Why do we need a PPH Roadmap? Why do we need to set priorities in PPH?

**Public health needs**
- PPH leading cause of maternal death globally

**Innovation deficit**
- Stagnant PPH research
- Only two new PPH medicines over the last 30 years

**Inconsistencies in guidance**
- Fragmentation in international and national PPH guidelines
- Lack of updated national policies & low uptake

**Implementation barriers**
- Multidimensional bottlenecks
- Underutilization of advocacy
- No PPH-focused global agenda to guide stakeholders
WHO set up a Steering Committee to advise on methods to identify and prioritize gaps in **four strategic areas to catalyse action**

- Research
  - What are the key gaps in current knowledge about managing PPH?
  - What kind of research could catalyse innovation?

- Norms/Standards
  - What new guidelines are needed?
  - Where do guidelines need to be harmonised to eliminate conflicts?

- Implementation
  - Where is implementation getting stuck?
  - What is needed to get evidence-based interventions to women who need them most?

- Advocacy
  - How can advocacy be leveraged to advance the PPH agenda?
  - What types of advocacy could galvanize action?
135+ participants

50+ participating countries

Reflective of PPH diversity

Diverse backgrounds

Ministries of Health

Academic Researchers

Industry and Private Sector

Professional Associations

International donors

Non-Governmental Organizations

UN Agencies and Partnerships
PPH SUMMIT, Dubai 2023

Strategic Areas:
- Research
- Norms/Standards
- Implementation
- Advocacy

Participants
Priority research topics

**Innovation**
- Alternative routes of administration for tranexamic acid
- Heat-stable carbetocin for PPH treatment
- Comparative effectiveness of uterine tamponade/suction devices
- Clinical criteria of haemodynamic instability for early detection of PPH
- Strategies for engaging the private sector in R&D of new products

**Implementation**
- Barriers and facilitators to effective implementation
- Strategies for ensuring access to quality-assured PPH medicines
- Advocacy to support uptake of evidence-based recommendations
- Capacity building for frontline providers
- Implementation strategies to increase uptake, including in humanitarian settings

**Cross-cutting**
- Bundle approach for early detection and treatment
- Diagnostic algorithms (e.g., Obstetric Shock Index)/early detection strategies (e.g., MEOWS) to facilitate early detection of PPH
- Checklists for improving quality of care
- Role of MPDSR in reducing deaths due to PPH
- Tranexamic acid for prevention of PPH

**Research**
Significant inconsistencies in PPH guidelines

Out of 69 reviewed recommendations:

• Only **11 are consistent** across most of the 9 guidelines
• **4 are inconsistent** across at least two guidelines
• **Most recommendations only recommended by one or two guidelines**
• **5 are suggested as priority for update**
• Carbetocin (100 µg, IM/IV) for prevention of PPH for all births in contexts where its cost is comparable to other effective uterotonics

• Tranexamic acid (0.5–1.0 g IV), in addition to oxytocin, at caesarean section to reduce blood loss in women at increased risk of PPH

• Transfusion of 4 units of red blood cells and 12–15 mL/kg fresh frozen plasma in the presence of continuing haemorrhage when blood test results are unavailable

• Intraoperative cell salvage (autologous blood transfusion) when significant blood loss is anticipated such as in placenta previa or placenta accreta

• Administration of intravenous iron for postpartum anaemia

5 are suggested as priority for update
Implementation is widely recognized as the most challenging and the most impactful of all strategic areas.

5 prioritized categories of bottlenecks for focused global effort:

1. **National health policy & leadership** (e.g., lack of national targets and tracking of progress, lack of mechanisms for guideline translation)
2. **Equity and access to care** (e.g., persistent disparities, lack of access to care for vulnerable and marginalized groups, lack of engagement with the private sector)
3. **Women's rights and social status** (e.g., lack of education, low social status, constrained women’s choices around pregnancy and childbirth)
4. **Staffing, training & supervision of healthcare providers** (e.g., outdated licensing and regulatory infrastructure barring task-sharing, lack of trained and motivated workforce)
5. **Availability & supply chain** (e.g., PPH commodities not available, frequent stock outs and poor quality)
Critical advocacy gaps in the ecosystem hinders the response towards PPH

### Key stakeholders

#### Women & general population
- Insufficient general awareness on PPH risk
- Insufficient awareness of standard of care and expectation of good management

#### Healthcare workers
- Limited receptiveness of national societies to new guidelines
- Lack of on-the-job and continued trainings

#### Ministries of Health/governments
- Insufficient data collection – e.g., on burden, patient journey data
- Poor quality and availability of medicines – e.g., substandard and falsified drugs, poor storage conditions
- Limited collaboration between global and national levels resulting in inefficiencies in the adaptation process of national guidelines
- Insufficient political will to foster broad engagement and ensure sustainable change
- Lack of multisectoral engagement (e.g., coordination between MoH departments)

#### International community
- Fragmented ecosystem – e.g., lack of unified mechanism to develop new products, lack of common indicators
- Major funding gaps
Advocacy

Compared to other health areas, PPH ecosystem lacks leadership, and funding consolidation. A unified *global branding strategy* with integrated global, national, and local *advocacy frameworks* could help drive and maintain attention and funding.
The Roadmap
By 2030:

1. All research priority questions have been answered
2. Global guidelines reflect latest evidence available, and are cascaded into national guidelines
3. Priority implementation bottlenecks and hurdles have been removed
4. Successful engagement of all target audiences.
Roadmap to accelerate progress on Postpartum Haemorrhage

**Objective**

All priority questions of the research agenda have been answered

Global guidelines reflect latest evidence available, and are cascaded into national guidelines, with clear clinical protocols

Priority implementation bottlenecks and hurdles, incl. context-specific ones, have been removed

Successful engagement of all target audiences

---

**Research**

- **Q2 2023**: Calls for proposals to conduct top priority research
- **Q3 2023**: Publication of WHO recommendations actioning new, impactful evidence
- **Q4 2023**: Publication and updating of consolidated guidelines and derivative tools

**Norms & Standards**

- **IMNHC – soft launch of the RoadMap, including research, normative, implementation, and advocacy agendas**
- **H2 2024**: PPH guideline adaptation and adoption to support dissemination and implementation in-country

**Implementation**

- **Q1 2024**: Support authorization of full scope of practice for midwifery and other cadres; capacity building, professional development

**Advocacy**

- **Q2 2023**: Global branding strategy and advocacy framework
- **Q3 2023**: 1st Global PPH day
- **Q4 2023**: Regional and local advocacy framework
- **H1 2024**: Update of frameworks

---

**Milestones non contingent on new funding**

**Milestones contingent on funding**

**Interdependencies**
### Strategic area | Addressing priority research gaps

#### Key milestones

- **Q1 2023**
  - PPH Summit

- **Q4 2023**
  - Launch RoadMap FIGO
  - Guideline TAG meeting

#### 2024 - 2030

- **2024**
  - Calls for proposals to conduct top priority research

- **2028**
  - Review of pending/new research gaps

#### Iterative updates of living guidelines

- Assess the **funding gaps**

- **Socialize** joint research agenda with funding agencies

- Donors to consider **preparing calls for proposals** to conduct priority research

- Research grantees to **execute funded research agenda**

- Grantees to **publish research results**

---

- Non contingent on new funding
- Contingent on funding
- Interdependencies ♦♦ Iterative process
Strategic area | Addressing priority gaps in norms and standards

Key milestones

PPH Summit

Publication of WHO recommendations actioning new, impactful evidence

Steering group to review and agree on scope and membership of consolidated guidelines

Joint guideline developing organizations to commission evidence synthesis and development of evidence profiles

Consolidated guideline to be published

WHO and key stakeholders to provide technical support to countries for adoption of guidelines and adaptation to local context
<table>
<thead>
<tr>
<th>Strategic area</th>
<th>Addressing implementation bottlenecks</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Q4 2023</td>
</tr>
<tr>
<td>Lack of National health policy &amp; leadership</td>
<td>To produce and launch PPH Framework with recommended interventions along the patient pathway</td>
</tr>
<tr>
<td>Weak procurement &amp; supply chain</td>
<td>To scope solutions for procurement of MH commodities</td>
</tr>
<tr>
<td>Poor staffing, training</td>
<td>To support expanded legislation and regulation of midwifery and other cadres and strengthen pre-service, in-service training as part of continuous professional development</td>
</tr>
<tr>
<td>Inequity &amp; poor access to care</td>
<td></td>
</tr>
<tr>
<td>Women’s limited rights &amp; status</td>
<td>To advocate for women to be at the centre of the political agenda and raise awareness to reduce delays in seeking care</td>
</tr>
</tbody>
</table>

To support guideline dissemination and implementation in-country
Strategic area | Closing advocacy gaps

**WHO & key stakeholders to set up an advocacy working group**, responsible for branding strategy and global advocacy framework creation.

**WHO & key stakeholders to select targeted date** for annual PPH Day.
Progress to date
Since the soft launch of the Roadmap, several partners have made important commitments.
In addition, WHO has already begun to make progress against its commitments:

- Meeting with partners to solidify commitments against the Roadmap and determine roles and responsibilities
- Scoping existing funded research currently underway related to the 15 top priority research questions
- Scoping of the WHO-FIGO-ICM joint, consolidated PPH guideline, in preparation for meeting of the WHO Technical Advisory Group for Maternal and Perinatal Health Guidelines before end of 2023
- Development of an accountability platform to track progress of the Roadmap
Thank you!