

PPH Roadmap

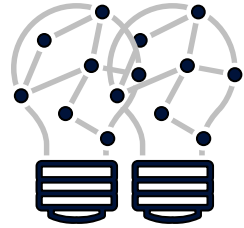
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Why do we need a PPH Roadmap? Why do we need to set priorities in PPH?



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

P A R T I C I P A N T S

Priority research topics



Research

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**



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**





- 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

Implementation

- *widely recognized as the most challenging and the most impactful of all strategic areas.*

5 prioritized categories of bottlenecks for focused global effort



Implementation

Prioritized category of bottleneck



National health policy & leadership (e.g., lack of national targets and tracking of progress, lack of mechanisms for guideline translation)



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)



Women's rights and social status (e.g., lack of education, low social status, constrained women's choices around pregnancy and childbirth)



Staffing, training & supervision of healthcare providers (e.g., outdated licensing and regulatory infrastructure barring task-sharing, lack of trained and motivated workforce)



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



Advocacy

Key stakeholders

Critical gaps that could be addressed with strengthened advocacy



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

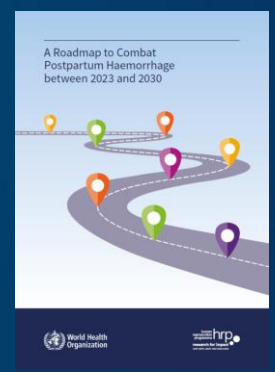


A unified **global branding strategy** with integrated global, national, and local **advocacy frameworks** could help drive and maintain attention and funding

The Roadmap



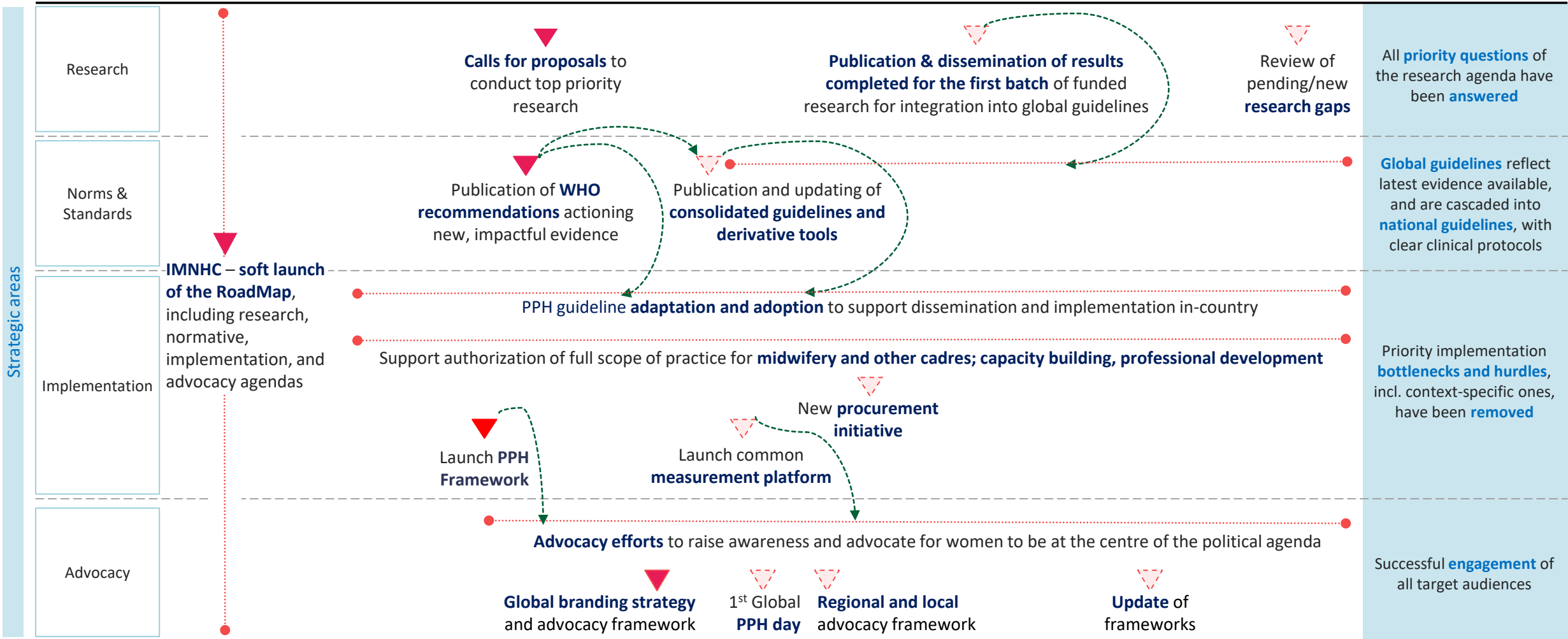
The Roadmap



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



▼ Milestones non contingent on new funding

▽ Milestones contingent on funding

↻ Interdependencies

Strategic area | Addressing priority research gaps



Key milestones

PPH Summit

Launch RoadMap FIGO

Guidelines TAG meeting

Innovation pathway

Calls for proposals to conduct top priority research

Review of pending/new research gaps



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**



Iterative updates of living guidelines

▼ Non contingent on new funding ▼ Contingent on funding ↻ Interdependencies ∞ Iterative process

Strategic area | Addressing priority gaps in norms and standards



Norms/Standards



PPH Summit

Publication of **WHO recommendations** actioning new, impactful evidence

Publication and updating of **consolidated guidelines and derivative tools**

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



Milestones non contingent on new funding



Milestones contingent on funding



Iterative process



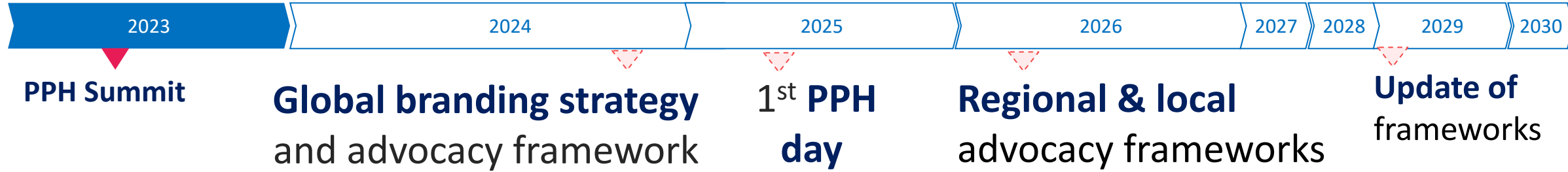
Strategic area | Addressing implementation bottlenecks



Implementation

	Q4 2023	2024	2025	2026	2027	2028	2029	2030
Lack of National health policy & leadership	To produce and launch PPH Framework with recommended interventions along the patient pathway		To launch a common measurement platform for monitoring changes in practice performance, health outcomes and inequities					
	To support guideline dissemination and implementation in-country							
Weak procurement & supply chain	To scope solutions for procurement of MH commodities	To explore leveraging existing PPH procurement initiatives						
		To set standards for in country regulators to approve commodities with SRA approval or WHO-PQ and mandate use of QA commodities						
Poor staffing, training	To support expanded legislation and regulation of midwifery and other cadres and strengthen pre-service, in-service training as part of continuous professional development							
Inequity & poor access to care	To identify innovative solutions to promote the removal of user fees for pregnancy care and more comprehensive insurance schemes							
Women's limited rights & status	To advocate for women to be at the centre of the political agenda and raise awareness to reduce delays in seeking care							

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

▼ Milestones non contingent on new funding

▼ Milestones contingent on funding



Progress to date

Since the soft launch of the Roadmap, several partners have made important commitments



Research



Norms and standards



Implementation



Advocacy



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!



A Roadmap to Combat
Postpartum Haemorrhage
between 2023 and 2030

