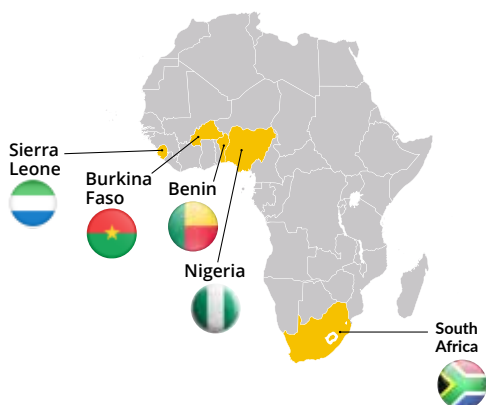




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Focus

Focus: Implementing WHO guidelines on Self-care interventions and WHO guidelines on Safe Abortion Care in the WHO African Region: an opportunity to reduce maternal mortality in Africa



Self-care is the ability of individuals, families and communities to promote and maintain health, prevent disease, and to cope with illness and disability with or without the support of a health-care provider. The scope of self-care includes health promotion, disease prevention and control, self-medication; providing care to dependent persons, seeking hospital/specialist care if necessary and rehabilitation including palliative care.

Self-care interventions are evidence-based information, medicines, diagnostics, products and technologies that are fully or partially separate from formal health services and that can be used with or without the direct supervision of a health worker. Self-care interventions aim to strengthen the capacity of individuals to access quality health care and can be especially beneficial for disadvantaged individuals or those living in areas or situations where access to services is limited.

Overall, these interventions provide an alternative or complementarity alternative to access health care.

Examples of self-care interventions include: self-injectable DMPA sub-cutaneous contraceptive, HIV self-testing, HPV self-sampling, home-based ovulation predictor kits, over the counter oral contraceptives. All these interventions aim to strengthen the capacity of individuals to access quality health care even for those living in disadvantaged environments.

WHO has developed guidelines on Sexual Reproductive Health and Rights (SRHR) including safe abortion care and self-care interventions for health to improve access of quality health services to women and reduce maternal mortality due

to preventable causes using health system approach in health facilities as well as in communities. Through the support of AFRO-Sweden project 'from COVID to Health' to sustain and improve the quality of Sexual Reproductive Health/Family Planning services during COVID-19, and the SRHR Initiative WHO/AFRO conducted, in collaboration WHO Head Quarter (HQ) a Regional SRHR forum to disseminate WHO guidelines on Safe Abortion and Postabortion Care and WHO Consolidated Guideline on self-care interventions for health in the African Region.

There are ongoing plans to introduce and/or scale up the implementation of these guidelines across the region.

Raising awareness of the WHO African Region's SRHR stakeholders on the WHO guidelines on self-care interventions for SRHR and WHO guidelines on Safe Abortion Care

To orient and update Regional SRHR stakeholders on the WHO Consolidated Guideline on Self-Care Interventions for Health and WHO guidelines on Safe Abortion Care, the WHO Regional Office for Africa organized two rounds of webinars on 13 - 15 April and 20- 22 April 2021.

"The sexual and reproductive health and rights situation in the African Region continues to be a challenge. For example, the unmet need for family planning, remains too high, with more than 47 million women in the African region who are willing to stop or delay childbearing but are not using any method of contraception." said Dr. Triphonie Nkurunziza, WHO AFRO Reproductive, Maternal and Healthy Ageing Team Lead in her opening remarks.

"In this context innovative approaches including self-care interventions are needed to maintain the continuity of care and assure women, girls and others have access to the services." she added.

During these webinars, a global overview of the WHO consolidated guideline on self-care interventions for Sexual and Reproductive Health was provided by Dr. Chilanga Asmani, Technical Officer at WHO AFRO and Dr. Manjulaa Narasimhan, Scientist, WHO HQ Department of Sexual and Reproductive Health and Research. In this session, updates on upcoming revisions of the guidelines were also provided. For the country level experience on self-care for SRHR interventions Dr. Olumuyiwa Ojo, Technical Officer, WHO Country Office Nigeria provided an overview of self-care implementation in Nigeria and shared the process followed by the country to develop and validate their national guideline on self-care for Sexual, Reproductive and Maternal Health.

From Burkina Faso, Dr Oumarou Thiombiano, the Director of the African Institute for Health and Development (Institut Africain de Santé et Développement) shared the experience of implementing self-injection of DMPA sub-cutaneous contraception. This

showcased how women can be empowered to take charge of their own contraception needs and achieve positive results.



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For the WHO guidelines on safe abortion care, a global overview was provided by Dr. Hayfa Elamin, Technical Officer, WHO AFRO, Drs Bela Ganatra, Head of Unit, Prevention of Unsafe Abortion, WHO HQ and Dr Antonella Lavelanet, Medical Officer, Prevention of Unsafe Abortion Unit, WHO HQ. This session also provided participants with some updates on the ongoing revisions of these guidelines. Benin experience on implementing the safe abortion guidelines was provided by Dr Souleymane Zan, Technical Officer, WHO Benin. Benin experienced focused on the process of national adaptation of the guidelines and follow up activities of developing job aides and health information notes for service providers together with incorporating the adapted recommendations in service providers pre-service training standards and modules. Dr. Belete Mihretu, Technical Officer, WHO South Africa shared experience of how the Choice on Termination of Pregnancy National Guidelines were used to develop an innovative comprehensive digital training package for SRHR interventions in South Africa. Dr. Alda Mahumana Govo,

from the Women and Children Department, Ministry of Health, Mozambique provided a presentation on their experience of revising the national guidelines on safe abortion care following the revision of the country abortion law that provides less restrictions for women to access safe abortion services.

Facilitated discussion on self-care for SRHR in general and also specifically on self-care for abortion was led by Dr. Mekdes Daba, WHO HQ, Medical officer, Prevention of Unsafe Abortion Department of Sexual and Reproductive Health and Research, WHO HQ. This session allowed participants to reflect on what it actually means to implement these guidelines at the country level. The participants reflected on the facilitative factors as well as barriers that could hinder implementation particularly from a socio-cultural and legal/policy context. There was a consensus on the need to empower women to take control of the SRHR needs but however an enabling environment is an important prerequisite.

“As we are promoting a client/person centered approach for care, women should be at the center of every decision on abortion, be fully involved, total willingness on moving the process/es forward in any country and every service or intervention should be based on their needs” said a participant.

While another participant argued: “They are the key player in the management of abortion as we need them to receive

all vital information surrounding abortion, its management and complications including their role. Additionally, after understanding the concept and issues they need to consent and comply. Also, they need to be key advocates for policy change and roll-out/scale up of safe abortion services and care in the country.”

To strengthen awareness on the importance of building the capacity of women to meet their SRHR needs Dr. Muna Abdullah, Health System Specialist, UNFPA East Southern Africa Regional Office made a presentation titled ‘Expanding access to Sexual Reproductive Health coverage through active participation of women themselves’.

Each participating country developed action plans to introduce /scale up implementation of the guidelines as per country needs

The meeting ended with final remarks from Dr. Leopold Ouedraogo, the Regional SRHR Advisor.

“We have appreciated that participants have come up with relevant priority action plans and different steps for implementation of these action plans, these all are very important next steps to be considered.” he maintained.

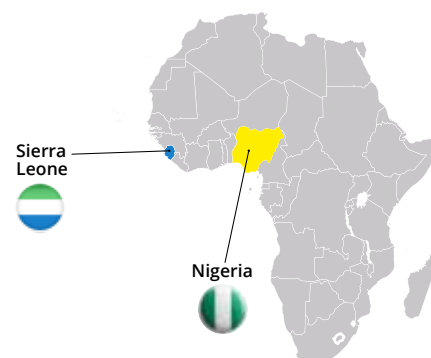
Nigeria and Sierra Leone join hands to implement self-care interventions

This article is the first in a series

The Nigerian population, currently 202 million, is projected to reach 400 million by 2050. The national Maternal Mortality Rate is 512 deaths/100,000 (NDHS 2018). There is limited access to health services through the conventional health system and COVID-19 pandemic affected provision of Reproductive, Maternal, Newborn, Child, and Adolescent Health facilities, including Family Planning.

On the other hand, Nigeria has been implementing self-care interventions for a while. Nigeria is currently implementing self-injectable DMPA sub-cutaneous, HIV self-testing, HPV self-sampling (in pilot stages), home-based ovulation predictor kits, and over-the-counter oral contraceptives. However, in early 2020, there were few policy guidelines to back them up.

In this context, in 2020, taking advantage of the global launch of the WHO consolidated guideline on self-care interventions (2019), the WHO office in Nigeria carried out a series of activities towards the Ministry of Health and different partners to raise awareness on self-care interventions. These efforts by the WHO office in Nigeria towards Federal Ministry of Health and other national stakeholders led to the successful development and validation of the national guideline on self-care for Sexual, Reproductive and Maternal Health.



“There is a lot of interest in the WHO consolidated guidelines on self-care interventions from a wide range of stakeholders. The development of a costed implementation plan helps to fast-track implementation. Also, the availability of funded projects devoted to self-care is helping in early scale-up in the states.” said Dr. Olumuyiwa Ojo, Technical Officer, Family and Reproductive Health, WHO Country Office Nigeria

Sierra Leone is currently at the initial stages of developing guidelines on self-care interventions for Sexual and Reproductive Health. However, in December 2020, during the World AIDS Day celebrations, the National HIV/AIDS Secretariat launched

HIV self-testing for key vulnerable populations and discordant couples.

“Inadequate human resources for health in Sierra Leone often results in lack of access to sexual and reproductive health services. Implementation of self-care interventions will create more opportunities for individuals to make informed decisions regarding their health. It will increase choice and improve health outcomes.” said Dr. Alren Vandy, Technical Officer – Reproductive Health in WHO Sierra Leone country office.



Sierra Leone Consultative Meeting with Key RMNCAH Stakeholders and Partners on WHO Consolidated Guidelines on Self-care Interventions for Health (Sexual and Reproductive Health and Rights)

WHO Country Office in Sierra Leone decided, in January 2021, to conduct a consultative meeting with key Reproductive, Maternal, Newborn, Child, and Adolescent Health (RMNCAH) stakeholders

and partners on WHO Consolidated Guidelines on Self-Care Interventions for Health (SRHR). This meeting was to orientate RMNCAH stakeholders on the WHO’s guidelines, select critical self-care interventions for Sierra Leone, and develop the next steps for implementation.

As Nigeria and Sierra Leone have similar contexts, WHO AFRO and Dr. Olumuyiwa Ojo from the WHO Country Office of Nigeria co-facilitated the Sierra-Leone consultative meeting on self-care interventions. The participants at the meeting were Sierra Leone’s Ministry of Health and Sanitation and key RMNCAH stakeholders.

“Nigeria’s experiences on coordination for developing and implementing self-care interventions have guided the Sierra Leone process. Sierra Leone has commenced engagement with several public and private sector players to be part of the self-care task force we created. We hope to continue engagement with Nigeria during every phase of implementation and build long-term, mutually beneficial relationships beyond self-care implementation” stated Dr. Alren Vandy, Technical Officer, Reproductive Health, WHO Country Office Sierra Leone

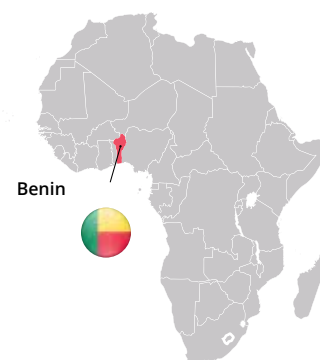
“We have had several engagements with various countries. However, this is the first formal South-South Cooperation done and documented. We will use this process to guide future South-South Cooperation. We aim to share experiences around institutionalizing and scale-up of Maternal Death Surveillance and Response (MDSR).” she added.

Benin: promoting self-care interventions in a restrictive legal framework for abortion provision

Despite the country's considerable efforts towards reduction of maternal mortality, of the rate still remains high at 391 per 100,000 live births. The top causes of maternal deaths in Benin are hemorrhage, eclampsia, infection and abortion complications. Contraceptive prevalence using modern methods is still low (12.4%), unmet need for Family Planning remains high (33%) and the birth rate is high among adolescents (108 ‰) with high number of cases of pregnancy in schools. This is contributed to among other factors, the limited access to SRHR information and services for young people, especially for out-of-school and poorer young people. This lack of access to SRHR information and services including family planning services contributes to the high rate of unsafe abortion in Benin.

In terms of availability of safe abortion care services, Article 17 of the National Reproductive Health Law of Benin permits the Voluntary Interruption of Pregnancy under the following conditions:

- when the continuation of the pregnancy endangers the life and health of the pregnant woman



- at the woman's request, when the pregnancy is the result of rape or an incestuous relationship
- when the unborn child has a particularly serious condition at the time of diagnosis

Benin has therefore developed safe abortion-related guidelines and standards and training materials in line with the national laws. The following were the steps followed by Benin to achieve this result:

- Orientation of national experts on the WHO guidelines at a Regional Meeting in Ouagadougou in 2019 (National Society of Gynecologist/Obstetrician, Midwives, Academicians, WHO country office staff, experts from Ministry of Health, ABPF-the IPPF Member Association in Benin etc.)
- An in-country meeting conducted to disseminate and orient national stakeholders on the WHO guidelines on safe abortion (involved MoH and other stakeholders from government and non-government agencies)
- Contracting the Regional Public Health Institute (Institut Régional de Santé Publique) to review the existing national guidelines against the WHO guidelines and recommendations
- The Institut Régional de Santé Publique thereafter facilitated a process getting national stakeholder inputs for the revision of the national standards and guidelines to align with WHO recommendations
- Establishment of a group of experts composed mainly of Gynecologists/Obstetricians, experts from university teaching hospitals, the National Agency for Primary Health Care (l'Agence Nationale des Soins de Santé Primaires) to conduct thorough review of documents.
- Final validation of documents by experts and other stakeholders



Upon finalization of the National Standards and Guidelines for Safe Abortion Care, Benin has also undertaken development of job aides, algorithms and health information notes to assist service providers to offer high quality services aligned to the national guidelines. Pre-service SRHR training modules for medical doctors, nurses and midwives have also been revised to incorporate these new guidelines and standards.

South Africa: a framework for comprehensive SRHR Training Package for service providers developed based on WHO SRHR-related Guidelines

South Africa has a national clinical guideline for implementation of the Choice on Termination of Pregnancy (CTOP) Act from 2019. However, there was a need to have one standard national training materials as different institutions are using different training materials. As we know, capacity building of health workers is a key activity to increase the number of health workers and improve their skills and attitude towards SRHR and particularly abortion-related services and SRHR services for underserved groups.

The National Department of Health (NDOH) therefore developed a framework which aims to provide a comprehensive SRHR training package, which will be used for training health care workers and other relevant stakeholders on comprehensive SRHR. WHO organized a dissemination workshop of the Consolidated Guidelines on Self-Care Interventions from 09-13 November 2020. This workshop helped finalizing the training package.

The training package was disseminated during a national meeting organized by the NDOH from 14-19 March 2021.

“The national meeting helped to bring the different SRH managers (face to face and virtual) from all provinces to get familiarized



with the first standardized, consolidated training package that covers the whole spectrum of SRHR. Service providers will have a menu option to select and get equipped to provide quality services. Availing all the modules in the NDOH knowledge hub will soon help the health service provider achieve continuous capacity development (coupled with clinical mentoring and clinical skills demonstrations at bedside) during the period of COVID-19 pandemic and beyond at the service provider. The learning process includes theory, practice and mentorship which is the hybrid of learning and clinical-based training method.



The e-learning of the training package contains 14 self-paced modules and modules should be completed into two weeks once started. Learning sessions including multiple choice questions should be completed in 72 hours once started. To be certified for

each specific module or entire curriculum each module should be completed.

Each SRHR training package module has its own learning session. The CTOP module has five learning session, which includes recapping and application of cross cutting SRHR, clinical care and development of embryo and fetus, medical termination of pregnancy, surgical termination of pregnancy and public health perspectives and post abortion care.

The process of developing the SRHR training package development included situational analysis, consultation with key partners, formulation of the training package, developing the training package, validating the training package and uploading the material on the DOH e-learning Hub.

During the process, the situational analysis showed that there is a need for accreditation, careful selection of participants, presence of enough mentorship for face to face and clinical part of training and rationales to opt for hybrid form of training with e-learning platform where highlighted.

Defining the Reproductive, Maternal, Newborn, Child and Adolescent Health Essential Service Packages to ensure financial risk protection and reduction in Burkina Faso

Burkina Faso's National Economic and Social Development Plan 2016-2020 aims at «access to health services for all» to reduce the burden of infant and maternal morbidity and mortality. To reduce the financial barriers to accessing health services, the government has been progressively implementing a free health care scheme for women and children under five since 2016. Free Family Planning services were introduced in two of the thirteen regions and extended nationwide from July 2020.

There are still many challenges in relation to the supply and accessibility of quality essential care that are not considered in this Free Basket. The availability of vital medicines and other health products at the level of health facilities, especially in areas affected by humanitarian crises, is also a challenge. According to the analysis of the Ministry of Health, the Covid-19 pandemic is negatively impacting the continuity of services in the country.

With the technical assistance provided by WHO within the framework of the SRHR Initiative, the Family Health Directorate of the Ministry of Health defined in November 2020, the RMNCAH Essential Service Packages for Universal Health Coverage (UHC). This included the definition of the technical capacity required and the profile of health service providers required to offer the package at each level of the health system in accordance with National and WHO Policies, Standards and Protocols



The different Public Health Programmes (HIV/AIDS, Malaria, NCDs and Nutrition) that contribute to the delivery of health services, the different Technical Directorates in charge of the quality of promotional, preventive, curative, reductive and palliative care, Drugs Directorates in charge of the quality of promotional, preventive, curative, reductive and palliative care, Drugs and Health Statistics, the Technical Secretariat of the UHC, the National SRHR Experts, the members of the Associations of Gynaecologists and Midwives as well as the Health Partners were brought together again in a workshop in December 2020, with the following objectives:

- Conduct an analysis of the package of services that ensures financial protection for women and children under five



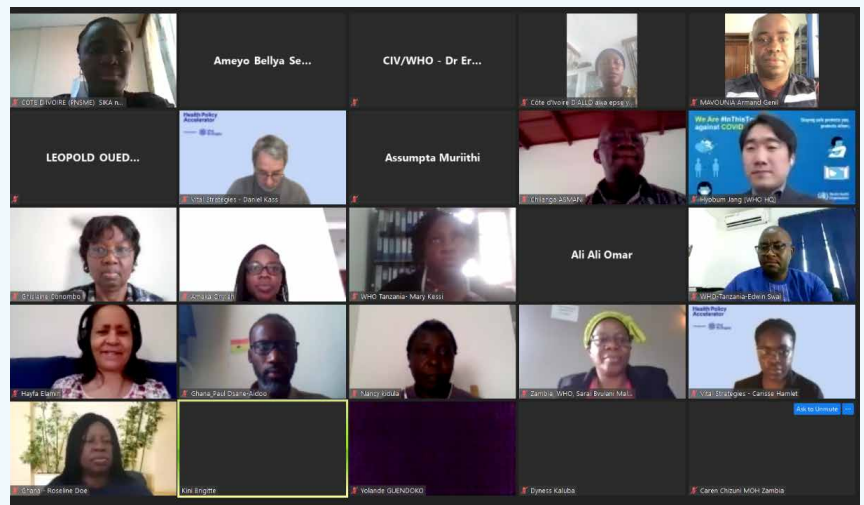
- Reflect on how to expand the package of services for achieving UHC with other high impact benefits that can save more lives

The RMNCAH Essential Service Packages identified during these workshops are subsequently considered in the activities of the Directorate General of Health Care Provision and will contribute to the ongoing health reforms aimed at strengthening the health system and Primary Health Care (PHC) for universal coverage of essential quality SRHR interventions in the context of the Covid-19.

Since the beginning of 2021, to ensure the continuity of essential services, the country is accelerating the introduction of self-care in health policies and operational interventions.

Other articles

Policy Academy Training Workshop



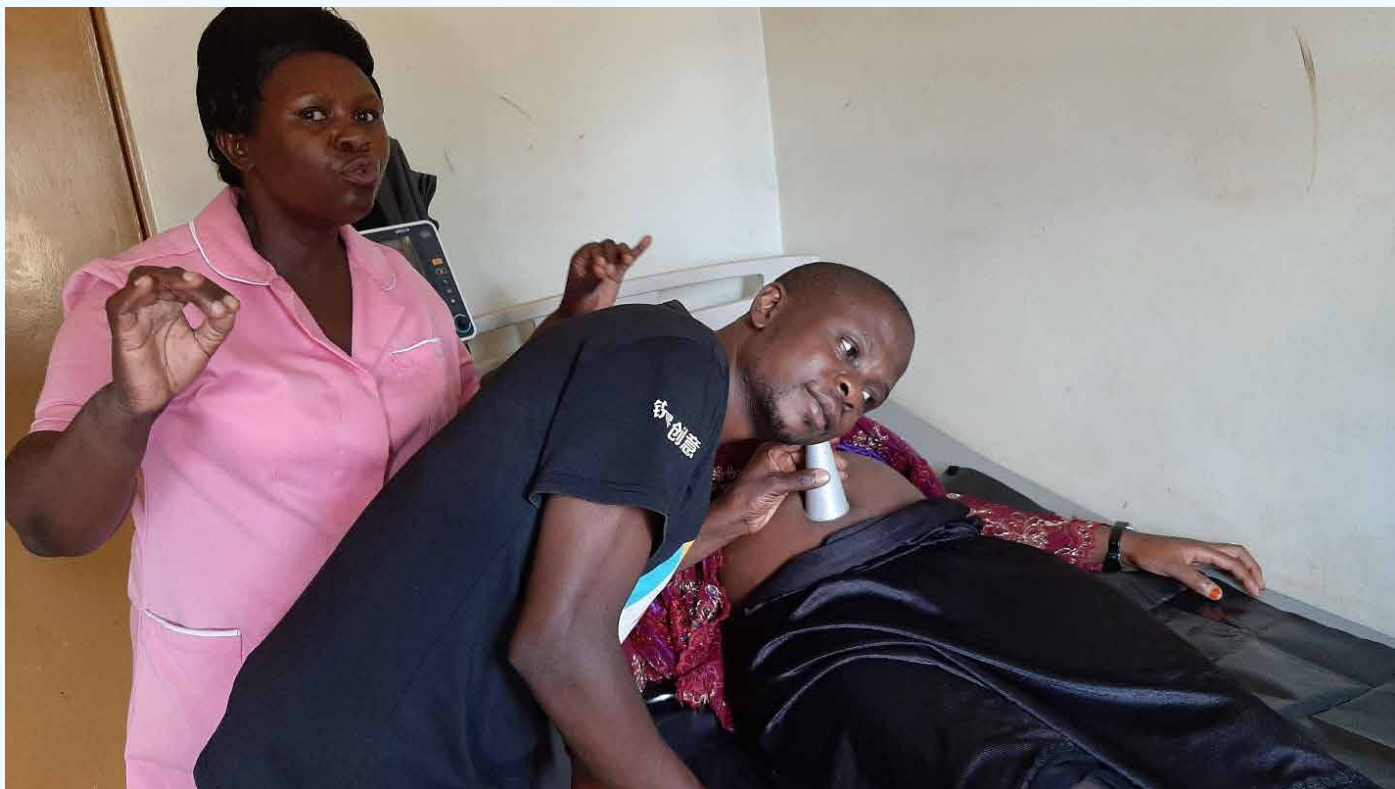
To ensure an enabling environment to advance the SRHR agenda and meet the global, regional and national targets, WHO/AFRO initiated the SRHR policy academy training, in collaboration with WHO/HQ and with the support of “Vital Strategies”.

This training targets the following countries: Côte d'Ivoire, Ghana, Central Africa Republic, Democratic Republic of Congo, Senegal, South Sudan, United Republic of Tanzania and Zambia.

Through series of webinar sessions, the training aims to support each country to contextualize their situation and identify an area that can be taken forward for national policy dialogue with the aim of advancing an area of SRHR according to country needs.

During this initial session organized on 19 April 2021, participants were taken through the work of SRHR in AFRO and introductory concepts on the SRHR Policy Academy Training. Together they planned how to organize the subsequent sessions. In the follow up session on 25th May 2021, participants were introduced into the process of conducting ‘root cause analysis’ as a means of getting to the bottom of different SRHR challenges that may require a policy intervention. Participants have also started to identify a policy area they wish to further develop into a policy brief throughout the course of this training.

Picture of the Month



Uganda: in one of the health facilities where midwives are trained to promote male involvement in maternal health care, a man is participating in listening to the fetal heart of the unborn baby. This is part of a broader strategy to promote positive masculinities in male spouses. This has been shown to increase confidence of

pregnant women as they come to utilize health services, Men can also use available services for their needs. Uganda has therefore developed training manuals on male involvement and a strategy to guide implementation of these gender transformative activities.

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