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# Gaps and Priorities in U.S. Contributions to Global Disease Challenges: What has the U.S. done well and not as well?

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## Reproductive Maternal and Newborn Health

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# Challenges

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- ❑ A problem of the developing world
- ❑ Continuum of health states and large number of medical conditions
- ❑ Affect lives of more than one individual
- ❑ Inter-generational benefits, unclear end points – death or disability?
- ❑ Close linkages to: Poverty, Gender, Youth, Health systems
- ❑ Important role of distal/proximal factors: Cultural practices, general knowledge
- ❑ Highly political, many opinionated stakeholders
- ❑ Lack of good data on burden and costs, reliance on modeling
- ❑ Focus/milestones - ICPD and MDGs



# Major Findings

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- ❑ What works/ highly effective? Integrated primary care approach, functional referral system; Supportive policy environment
- ❑ What is cost-effective? MNH: Increased Primary care coverage – Focused ANC leading to quality  
BEmOC: FP: Cost /CYP vary by region and method; Clinics with community distribution have lowest program cost/CYP in Africa; Social marketing has lowest cost in Asia
- ❑ What tools are available?  
Scanty. Many models that provide often conflicting results. E.g. Use of CYP and Deaths averted



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# U.S. Contribution

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- ❑ What has the U.S. done well in the last few decades? FP in 1980s; EmOC in 1990s; HIV/AIDS in 2000s
- ❑ How: Short term intensive project financing through Collaborating agencies
- ❑ Comment on solo efforts vs. global cooperation- needed or not? Short term success, unsustainable in the longer term
- ❑ What are some missed opportunities for the US?  
Consolidating and expanding FP success in Africa and Asia;  
Over focus on social marketing at expense of CBDs; Public health systems strengthening, 'lack of trust in governments
- ❑ Why missed? Politics - Ignoring field realities and lessons learnt; nature of RFPs; Solo approach



# Gaps in Knowledge

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- ❑ What are the key gaps in knowledge?  
Using same metric: operational research (i.e. know-do gap), basic research (TB vaccine), delivery platforms (models such as regional river blindness, influenza vaccine development);
- ❑ Basic research: developing contraceptive products that protect against HIV/AIDS
- ❑ Operations research: Use of mid cadre staff to deliver more complex interventions , e.g. Surgery; Expanding use of appropriate technologies; Strengthening MNH/RH services within broader PHC context; Innovative health financing mechanisms/performance-based approaches; new/better tools for CEA



# Recommendations

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- ❑ What should be the priorities and recommendations for U.S. action
- ❑ Government – Consistent knowledge led policies; Long-term financing; More effective collaboration with the public sector
- ❑ Academia – Basic and operations research; capacity building/HRH; Tools...
- ❑ Foundations – Innovation; Basic and OR (feeding the beast)
- ❑ Private sector – Complimentary delivery systems for health services, technologies, pharmaceuticals & commodities

# Strengthening Health Systems

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- ❑ How does the structure of health systems in developing countries affect/exacerbate the health challenge you're addressing? **ABSOLUTELY! NO HEALTH SYSTEMS NO SAFE MOTHERHOOD/RH**
- ❑ How do the proposed recommendations for U.S. action strengthen or affect national health systems? **Strengthening health systems is a central theme in all the recommendations. Private sector must not be seen to be a separate entity but part of the systems continuum in the developing world**
- ❑ Are there interventions outside the traditional health sector which are important for the success of the identified set of interventions? **POVERTY REDUCTION; HUMAN RIGHTS AND GENDER; FOOD SECURITY; EDUCATION; PEACE DIVIDENDS**