MCH and NCD's

Health Group

Research Priorities

- Capacity building of healthcare workers
- Access to Healthcare Services
- Child Health and Nutrition
- Cervical Cancer Screening/ Human Papilloma Virus (HPV)
- GDM - Obesity

Research Questions

- How does relationship between orthodox and traditional health practitioners impact on the uptake of Maternal Child Health services?
- How do we reduce under five mortality rates using innovative feeding approaches?
- How do we overcome barriers to the prevention of Human Papilloma Virus (HPV) related cancers in Africa?

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Maternal Child Health and Non Communicable Diseases

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Introduction

- Despite 90% attendance of ANC maternal mortality rates remains higher than the target of 310/ 100 000 as compared to 38 per 100 000 live births expected by 2015
- Infant mortality 40/1000 live births
- Under five mortality 56/1000 live births
- Immunisation programs well managed yet child mortality is unlikely to be reduced

Maternal and Infant Health Care Strategies Unit University of Pretoria and Kalafong Hospital (Seeking saleable solutions)

- What are the most effective mechanisms to take effective interventions to scale?
  - Scale-up of ESMOE-EOST in South Africa
    - Fire-drills versus saturation training (15 Key districts)
    - On-site versus off-site saturation training (37 districts)
  - Scale-up of Kangaroo Mother Care in Indonesia, Ghana, Malawi, Tanzania and Mali

Maternal and Infant Health Care Strategies Unit University of Pretoria and Kalafong Hospital (Seeking saleable solutions)

- What are the common causes (pathological and health system) of maternal, perinatal and child deaths
  - Saving Babies reports (Perinatal Care Survey of SA)
    - 95% all hospitals; 73% all births in 2010-2011
  - Saving Children reports (Audit of child deaths)
    - data from 70% of all districts
  - Saving Mothers reports (All maternal deaths in health institutions)
    - manages database and edit reports

Maternal and Infant Health Care Strategies Unit University of Pretoria and Kalafong Hospital (Seeking saleable solutions)

- What is the functionality of CHCs, district, regional and tertiary hospitals with respect to the basic and comprehensive emergency obstetric care signal functions?
- How does HIV infection effect the mother /child dyad?
  - Depression and mental development
  - Growth potential in children
  - Placental effects

Research designs followed

Research perspective	Research design
1. Identification of a problem	• Development of audit systems
2. Definition of the problem	• Basic science research (experimental and laboratory)
3. Developing strategies to solve the problem	• Systematic reviews of the literature (Cochrane Collaboration) or clinical research
4. Implementation of and sustaining the proposed solutions	• quantitative and qualitative research designs, mixed-methods approaches
• 5. Monitoring and evaluation of the implementation of the solutions	• Development and use of progress-monitoring tools (evaluation of outcome) or clinical audit (evaluation of impact)

Training Activities

Nature of Training	Target Audience	Envisaged benefits and Impact
Perinatal Problem Identification Programme (PPIP)	PPIP users	Identify both major medical and health system causes of deaths,
Child Problem Identification Programme	Child PIP users	Training in use of Child PIP programme
Data interpretation workshops	Hospital staff.	Use of data to influence practice
Emergency Triage Assessment & Treatment (ETAT)	Doctors and nurses	Improve quality of paediatric emergency care

Training Activities

Nature of Training	Target Audience	Envisaged benefits and Impact
Basic Antenatal Care (BANC)	PHC nurses and midwives, MCWH coordinators and nursing tutors	Improve quality of antenatal care and thus reduce perinatal mortality
Essential Steps in the Management of Obstetric Emergencies (ESMOE)	Doctors and midwives	Improved knowledge and skills in managing obstetric emergencies
Kangaroo mother care (KMC)	(a) International delegates from 11 countries	dissemination of research findings of the Unit and potential for future collaboration with in other countries
Neonatal resuscitation	Doctors and midwives	Improve quality of neonatal resuscitation

Collaboration on MCH

Collaborator(s)	Initiative(s) / Project(s) / Networking activities	Benefit
Western Australia's Postgraduate Training programme	Development of emergency obstetric simulation training exercises	Sharing outreach strategies and mechanisms of training for improve emergency obstetric care skills
World Health Organization	Multiple committees related to maternal and child care	Networking with people with similar interests from all over the world
International Stillbirth Association	Managing stillbirths, medically and psychologically	Resource material

Collaboration on MCH

Collaborator(s)	Initiative(s) / Project(s) / Networking activities	Benefit
UNICEF South Africa	Maternal and Child Integration Project	Benefit from their expertise in linking the clinic to the community
Unicamp, Brazil	Maternal near miss surveillance	Demonstration of taking near miss concept to scale
Royal College Obstetricians and Gynaecologists' International office	Adapting Life Saving Skills manual into Essential Steps in Managing Obstetric Emergencies	Avoiding duplication of work and reinventing the wheel.

Introduction to NCDs

- NCDs are the biggest killers today
- NCDs include 4 major killers: cancer, heart diseases & stroke, lung diseases and diabetes mellitus.
- In 2008 > 9 million of deaths before 60 years were attributed to NCDs
- 90% occurred in low income & middle income countries
- Men and women are 3 time more likely to die of NCDs before 60 years than in high income countries
- 67% of men and 58% women die before 60 year in low income countries

(WHO Report 2011)

NCD Mortality

2008 estimates	Males	Females
Total NCD deaths (000s)	92.4	98.1
NCD deaths under age of 60 (percent of all NCD deaths)	39.7	28.7
Age-standardized death rate per 10 000		
All NCDs	733.7	555.2
Cancers	207.2	123.9
Chronic respiratory diseases	86.6	44.5
Cardiovascular diseases and diabetes	327.9	315.2

Behavioural risk factors

2008 estimated prevalence (%)	Males	Females	Total
Current daily tobacco smoking	21.2	7.0	14.0
Physical inactivity	46.4	55.7	51.1

Metabolic risk factors

2008 estimated prevalence (%)	Males	Females	Total
Raised blood pressure	43.1	41.4	42.2
Raised blood glucose	10.3	11.0	10.6
Overweight	58.5	71.8	65.4
Obesity	21.0	41.0	31.3
Raised cholesterol	31.3	36.5	34.0

Country capacity to address and respond to NCDs

Has a Unit / Branch / Dept in MOH with responsibility for NCDs	Yes
There is funding available for:	
NCD treatment and control	Yes
NCD prevention and health promotion	Yes
NCD surveillance, monitoring and evaluation	Yes
National health reporting system includes:	
NCD cause-specific mortality	Yes
NCD morbidity	Yes
NCD risk factors	Yes
Has a national, population-based cancer registry	Yes

Country capacity to address and respond to NCDs

Has an integrated or topic-specific policy / programme / action plan which is currently operational for:	
Cardiovascular diseases	Yes**
Cancer	Yes**
Chronic respiratory diseases	Yes**
Diabetes	Yes**
Alcohol	Yes**
Unhealthy diet / Overweight / Obesity	Yes**
Physical inactivity	Yes**
Tobacco	Yes**
Number of tobacco (m)POWER measures implemented at the highest level of achievement	0/5

UP's Non-communicable and Chronic Diseases projects

- Applied Morphology Research Centre
- Cancer Therapies
- Woman's Cancer
- Anti-cancer
- Oral Cancer
- Chronic diseases:
  - Diabetes
  - Aging Male

Non-communicable and Chronic Diseases projects

- Institute for food and Nutrition
- Environmental Chemical Pollution
- Water and Public Health
- Foetal Alcohol Syndrome
- Smoking
- Sport Medicine
- Physical Rehabilitation

Collaboration on NCDs

- Flinders university: point of care devices
- University of Sidney: clinical epidemiology
- New South Wales: in process

Conclusion

- NCDs are a global threat
- Health Care Professionals have a big role to play in curbing the scourge
- Most countries have not yet produced policies around NCDs
- Most countries in the region are still grabbling with HIV, communicable diseases etc

Yes, together we can!


collaboration
is everything

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