



WHO POSTPARTUM HAEMORRHAGE (PPH) SUMMIT

Current Project Brief

Objectives and Background

Postpartum haemorrhage (PPH): a global public health concern

Severe bleeding after childbirth - postpartum haemorrhage (PPH) - is the leading cause of maternal mortality world-wide. Each year, about 14 million women experience PPH resulting in about 70,000 maternal deaths globally. Even when women survive, they often need urgent surgical interventions to control the bleeding and may be left with lifelong reproductive disability.

Why is a PPH Summit needed and why now?

Despite the ambition to end preventable maternal deaths by 2030, several countries are not on track to meet their SDG-3 maternal mortality targets. From discovery science to identify new innovations through to implementation of existing proven interventions, limited progress has been made in the field of PPH care over the last decade. Few, attempts are being made to overcome the challenges faced by available PPH medicines that are widely embedded in clinical practice. Individual and health-system level interventions that have significantly reduced PPH-related morbidities and deaths in high-income countries continue to elude health systems of low-income countries as they have not been or cannot be implemented at scale.

While international developmental partners tend to have similar objectives regarding PPH priorities, efforts are often misaligned because of a lack of cohesive coordination at the global and country levels, as well as a lack of end-to-end thinking as it pertains to product development, introduction, and impact assessment. Academic researchers and innovators in industry often do not know what type of evidence to generate and how to connect evidence to policy decision-making, leading to a lot of research waste, and a painfully slow process of translating research ideas to clinical impact at the patient level. Likewise, target product profiles [TPP] have not generally been described prior to R & D of PPH interventions, and the concept of target policy profiles [TPop] (to identify key research questions to support policy changes at the point of evidence generation and dissemination) is relatively new to those who make research funding decisions. In short, there is no clarity on what is in the pipeline regarding PPH products or interventions, or on what an ideal future PPH products or policy requirements should look like.

In recognition of the need for global action to improve the quality of PPH care, WHO/HRP will convene a PPH Summit to bring together all relevant stakeholders to review and prioritize the most urgent PPH priorities to fast-track progress towards SDG 3.1 target in terms of research, guidelines, advocacy, and country-level implementation.

The Summit will provide a forum for researchers, industry, policymakers, funders, intergovernmental organizations, non-governmental organizations, and international organizations to engage in discussions on PPH care and agree on concrete steps that will shape PPH future in the short, medium- and longer term. The Summit will serve as the launching pad for a focused global initiative that could substantially alleviate the suffering of women from PPH and move the world closer to achieving 2030 SDG 3.1 target, in line with the WHO's thirteenth General Programme of Work (GPW-13). Through this Summit, WHO/HRP will catalyse alignments among experts and promote collaborations and coalitions across different organizations working to reduce the burden of PPH and its consequences in LMICs (please see Figure 1. WHO PPH Summit Theory of Change).

location and date

Geographic Dubai 7-10 March 2023

Participants

Participants at the Summit will reflect a broad array of expertise across clinical management, discovery science, epidemiology, product development, post-marketing surveillance, implementation, and monitoring and evaluation in the field of PPH. A total of ~100 participants will be invited to participate. Participants will include:

- Academic researchers (with extensive experience in PPH research)
- National and international guideline development experts
- Industry and private sector experts working (or anticipating working) in PPH space
- Professional association representatives
- Non-governmental organizations
- UN Agencies and their partnerships
- International donor agencies
- Country Ministry of Health representatives

Main deliverables An important output of this Summit will be consensus-based Road Map and Call-to-Action that will shape the future of PPH research (from discovery science through postmarketing surveillance of PPH products/interventions), as well as global and countrylevel normative, implementation and advocacy priorities to reduce the burden of PPH, particularly in LMICs. The Road Map will present comprehensive priority research, normative, implementation, and advocacy agendas for improving PPH care and outcomes at global and country levels between 2023 and 2030.

partners

Collaborating Evidence input – Centro Rosarino de Estudios Perinatales, Concept Foundation, University of Birmingham, UK, University of California San Francisco, USA Meeting logistics - ATOP

Sources of funding

Bill and Melinda Gates Foundation, MSD for Mothers, and HRP

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Figure 1. WHO PPH Summit Theory of Change

Challenges Public health PPH is the leading cause of maternal death globally and accounts for over 20% of deaths annually despite being preventable and treatable. • The risk of PPH and PPH related morbidity and mortality is disproportionately higher in LMICs (especially sub-Saharan African and Southeast Asian countries) needs · Several LMICs are not on track to meet their SDG-3 maternal mortality targets are PPH research and normative horizons are somewhat stagnant Innovation · Only two new PPH medicines (HSC and TXA) identified for PPH management over the last 30 years deficit Lack of Target product profiles (TPP) prior to R & D of PPH medicines and devices · Inadequate and inequitable access to PPH prevention and treatment tools. Key barriers include: Access Lack of evidence - lack of data on efficacy and safety on emerging interventions; lack of regulatory approval for key indications; research priorities from previous international barriers guideline development processes remain unaddressed Demand and adoption - lack of WHO guidelines for key indications; lack of updated national PPH policies incorporating PPH priority drugs, devices, interventions; low uptake due to limited stakeholders' awareness and knowledge; lack of target policy profiles [TPoP]; challenges regarding task shifting; country level duplication of research and research waste Supply and delivery - lack of quality assured PPH medicines throughout LMIC systems, poor quantification, storage challenges, distribution challenges Global · Inconsistencies in international and national PPH normative guidelines No PPH-focused global or regional research agenda or coherent action plans to guide researchers, industry experts, guideline developers, policy makers, and funders, as they design and action fund research, and use evidence to influence policies and practices in different settings **Pathway Inputs** Outputs Outcomes **Impact** to impact Public health impact HRP leadership, Establishment of a leadership team Summit to agree on global and regional action plans to improve quality of PPH care in coordination, and in-kind (18 members) Maternal lives save contributions · Identify and collate key research Highest global priorities for research, guidelines, implementation, and advocacy Decreased PPH morbidity Leveraged funds from gaps for existing PPH interventions identified and prioritized Decreased PPH incidence grantees of BMGF and MfM · Identify and collate key Roadmap for global advancement on the key challenges Economic impact BMGF and MfM funding implementation gaps and Wide and diverse coalitions established to tackle key implementation challenges Fast-tracked knowledge challenges for PPH interventions Boost funding streams identified to advance Summit Road map and address key translation pathways Landscape analysis of PPH

Kev assumptions All stakeholders (researchers, industry experts, implementers, donors) subscribe to the roadmap to advance PPH work across countries; duplication of activities in the PPH space minimized or stopped

challenges

- Accelerated breakthrough innovation and product development

researchers, regulators, guideline developers and policy makers

Coordinated and regional and/or country-tailored PPH priorities

International partnerships and networks engaged between industry experts,

- Global and country-level normative and advocacy activities to reduce PPH burden

· National governments adopt the plans to address key challenges identified and create national fiscal space for PPH priority medicines and devices

innovations - medicines, devices, and

Determine TPP and TPoP priorities

· Political environment is conducive for national governments to implement the road map from the Summit

interventions



Positive externalities

the same model

PE and maternal sepsis

Summit implemented using