

2016 Queenan Global Health International Agency Fellowship: Final Report

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The World Health Organization: In's and Out's

The Queenan Global Health International Agency Fellowship provides the unique opportunity to learn from experts about multi-country, multi-center research projects as well as guideline and policy development. There is also opportunity to participate in international meetings and conferences and to observe how these fora shape maternal and neonatal health globally.

Part of the Queenan Global Health Fellowship is learning how a United Nations organization like the World Health Organization (WHO) works and how its protocols and guidelines are developed. During my time at the WHO in 2017, I was able to participate in meetings as a part of the Department of Reproductive Health and Research (RHR) at WHO, which includes the UNDP-UNFPA-UNICEF-WHO-World Bank Special Programme of Research, Development and Research Training in Human Reproduction (HRP). There are three teams of RHR including AGH (Gender, Populations and Systems), HRX (Human Reproduction) and MPA (Maternal and Perinatal Health and Preventing Unsafe Abortions). My supervisor is Dr. Doris Chou was in the AGH team and that is where my work at WHO was concentrated.

There were four important meetings in February through June which I participated in, including the Gender Advisory Panel (GAP), the Scientific Technical Advisory Group (STAG) meeting, the World Health Assembly (WHA), and the Policy and Coordination Committee (PCC) meeting.



The World Health Organization main headquarters (right);
The Gender Advisory Panel meeting (above).



70th World Health Assembly with election of the new Director General of the WHO, Dr. Tedros Ghebreyesus



RHR booth at WHA



One of my colleagues, Dr. Nandita Thatte and I in front of the Sustainable Development Goals exhibition



At the event, *Bridging the gap between evidence and policy: the role of Parliamentarians in advancing the 2030 Agenda for Sustainable Development* with speakers including Dr. Margaret Chan, Dr. Flavia Bustreo and international members of parliament.

The GAP and STAG meetings (February 2017) provided an opportunity for me to familiarize myself with RHR's leadership, organization, and staff, as well as main programmes and research projects that were presented in the main sessions and in the breakout sessions.

The WHA in May was a very interesting meeting from both global health and health policy perspectives. It was inspiring to hear the speeches of world health leaders and representatives of countries and regions. It was also a historic event as Dr. Tedros Adhanom Ghebreyesus from Ethiopia was elected as the new Director General for the WHO. This is the first African Director General for WHO. Examples of WHA sessions that stood out to me were those addressing health equity and health quality, as well as bridging gaps between evidence and policy. These are all important issues in evaluating maternal health both on national and global scales.

Finally, the PCC meeting in June, involving RHR leadership, staff and representatives of donor countries and organizations, was educational to say the least. Findings from the GAP and STAG

meetings, as well as presentations by leadership of RHR, were carefully reviewed. This meeting has implications on financial aspects of RHR programmes and projects.

Health equity policy development in the context of the Sustainable Development Goals

After considering current projects ongoing in RHR, I began focusing on the topic of health equity for my main project at the WHO given my interest in global health policy. Health equity is a cross-cutting theme of the Sustainable Development Goals (SDG) and is central to efforts to improve maternal and neonatal health globally. The study of equity includes the shift from studying aggregate health outcomes to examining disaggregated data in order to evaluate complex social determinants of inequity. Inequities in health are differences in health that are, in the words of Margaret Whitehead, “unnecessary,” “avoidable,” “unfair,” and “unjust.”¹ This is in contrast to *health equality* which describes equal access to healthcare. *Health inequities* are systemic and place groups that are already at social disadvantage at a further disadvantage². Despite advances in medicine and technology, maternal and neonatal mortality persist. Studying health inequity may help address the root of this global problem.

The first step of the project was the selection of a health intervention that was also an SDG indicator for monitoring and evaluating outcomes such as maternal mortality. One such indicator is SDG 3.1.2, “Proportion of births attended by skilled health personnel,” or a skilled birth attendant (SBA). For evaluation of equity related to access to an SBA at birth, we developed a proposal for a systematic review. This involved constructing search terms on equity and access to care as well as researching determinants of inequity and adapting these to include sexual and reproductive health indicators as well as indicators important in gender issues.

In addition, I joined a project involving a scoping review for the evaluation of definition and qualification of skilled attendants at birth globally. This review was of published studies that evaluated education, training or competencies of skilled birth attendants in low- and middle-income countries.³

Other projects

Other projects that I worked on while at WHO included the review of the document “The WHO application of ICD-10 to deaths during the perinatal period: ICD-PM,” which provides guidelines for ICD-10 coding of perinatal deaths whether intrauterine fetal demise, intrapartum demise or neonatal demise. I also helped provide obstetric diagnostic terms for ICD-11 coding and developed obstetric cases for ICD-11 field testing.

¹ Whitehead M. The concepts and principles of equity and health. *Int J Health Serv.* 1992;22(3):429-45.

² Braveman P. Health disparities and health equity: concepts and measurement. *Annu Rev Public Health.* 2006;27:167-94.

³ Hobbs AJ, Moller AB, Carvajal-Aguirre L, Amouzou A, Chou D, Say L. Protocol for a scoping review to identify and map the global health personnel considered skilled attendants at birth in low and middle-income countries between 2000 and 2015. *BMJ Open.* 2017 Oct 15;7(10):e017229.



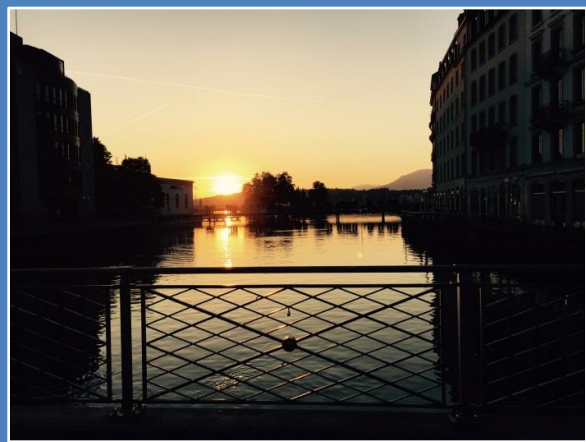
Working with Ann-Beth Møller, a WHO Technical Officer, on the health equity project



My office mates, Lianne Gonsalves and Dr. Loulou Kobeissi



View of Geneva from the Salève mountain



Sunrise in Geneva on my way to work

FINAL RESULTS AND COMPLETED PROJECTS

Definition of skilled health personnel

In September 2017, I participated in a two-day Task Force meeting to review the feedback that had been received from Member States' stakeholders and to review and revise the new joint statement, the background paper and all other documents. Following this meeting, I worked with Ann-Beth Møller and Doris Chou to co-write the background document to the joint statement based on feedback received during the online stakeholder consultation and task force meeting and inputs from members of the task force, and UN/WHO partners. After review, these documents were published online in June 2018 at <http://www.who.int/reproductivehealth/publications/statement-competent-mnh-professionals/en/>.

- Definition of skilled health personnel providing care during childbirth: the 2018 joint statement by WHO, UNFPA, UNICEF, ICM, ICN, FIGO and IPA. Geneva: World Health Organization; 2018. [Available from: <http://apps.who.int/iris/bitstream/handle/10665/272818/WHO-RHR-18.14-eng.pdf?ua=1>].

- Defining competent maternal and newborn health professionals*. Geneva: World Health Organization; 2018. [Available from: <http://apps.who.int/iris/bitstream/handle/10665/272817/9789241514200-eng.pdf?ua=1>].

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Equity and intrapartum care by skilled health personnel

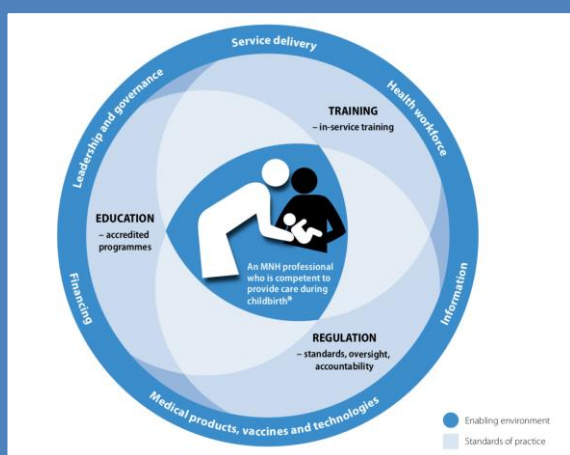
The protocol for the systematic review on equity and intrapartum care by skilled birth attendants was published in May of 2018. It outlines the methods for the review which follows The Cochrane Handbook for Systematic Reviews and Preferred Reporting Items for Systematic Reviews and Meta-Analyses with equity extension 2012 guidelines. The review focuses on exploring the extent of inequity in intrapartum care by skilled birth attendants globally and on evaluating themes within the determinants of inequity based on geographic region and country characteristics. This review is currently in process.

- Kachikis A, Møller AB, Allen T, Say L, Chou D. Equity and intrapartum care by skilled attendant at birth globally: protocol for a systematic review. *BMJ Open*. 2018 May 26;8(5):e019922.

Scoping review of skilled birth attendants globally

This scoping review identified published research studies evaluating skilled health personnel cadres assisting in childbirth in low-and middle-income countries. This review has been completed and is currently under review for publication.

- Hobbs AJ, Møller A, Kachikis A, Carvajal-Vélez L, Say L, Chou D. Scoping review to identify and map the health personnel considered skilled birth attendants in low-and-middle income countries from 2000 – 2015. *Submitted for review*.



A conceptual framework for the definition of SBAs (competent health-care professionals) providing care during childbirth – which I helped design.



With Ann-Beth Møller (right) and Doris Chou (left) and a view of Mont Blanc in the background

Acknowledgements

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