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WORLD HEALTH ORGANIZATION (WHO)

[redacted]

FORM NO. 75
(6–83)

THE WORLD BANK/IFC

ROUTING SLIP	DATE: 10/16/87

NAME	ROOM NO.
Mr. Conable	E1227
① MH - should this be filed?	
② CP	

	APPROPRIATE DISPOSITION		NOTE AND RETURN
	APPROVAL		NOTE AND SEND ON
	CLEARANCE		PER OUR CONVERSATION
	COMMENT		PER YOUR REQUEST
	FOR ACTION		PREPARE REPLY
X	INFORMATION		RECOMMENDATION
	INITIAL		SIGNATURE
	NOTE AND FILE		**URGENT**

REMARKS:

FROM:	ROOM NO.:	EXTENSION:
Mrs. Hamilton	S6055	33436

The World Bank
INTERNATIONAL BANK FOR RECONSTRUCTION AND DEVELOPMENT
INTERNATIONAL DEVELOPMENT ASSOCIATION

1818 H Street, N.W.
Washington, D.C. 20433
U.S.A.

(202) 477-1234
Cable Address: INTBAFRAD
Cable Address: INDEVAS

COPY

October 16, 1987

Dr. Halfdan Mahler
Director-General
World Health Organization
1211 Geneva 27
Switzerland

Dear Dr. Mahler:

Re: Special Programme of Research, Development, and Research Training in Human Reproduction

During the course of this year there have been discussions between our respective staffs concerning drafts of a Memorandum on the Administrative Structure of the Special Programme of Research, Development and Research Training in Human Reproduction. As you know, a final revised draft was reviewed and approved by the Programme's Policy and Coordination Advisory Committee in its meeting from 20-22 May 1987. This revised draft was submitted to the Programme's proposed co-sponsors for their formal approval.

It is my pleasure to inform you that the World Bank does formally approve the above-mentioned Memorandum, a copy of which is attached to this letter for easy reference.

Please direct correspondence concerning this Programme to Mr. Dean T. Jamison, Chief, Population, Health and Nutrition Division, Population and Human Resources Department, with a copy to Dr. Frederick T. Sai, Senior Population Adviser, Population and Human Resources Department.

The Bank looks forward to participation in the First Meeting of the Programme's Standing Committee in Geneva on November 5 and 6. I will represent the Bank at the Meeting and will be accompanied by Dr. Sai and, for part of the time, by Mr. Jamison.

Yours sincerely,

Ann O. Hamilton
Director
Population and Human Resources

Enclosure

cc and cleared with: Mr. Ofosu-Amaah, Mr. Jamison

cc: Messrs. B. Conable, D. Hopper, V. Rajagopalan, F. Sai; Ms. S. Cochrane

MEMORANDUM ON THE ADMINISTRATIVE STRUCTURE OF THE SPECIAL PROGRAMME OF RESEARCH, DEVELOPMENT AND RESEARCH TRAINING IN HUMAN REPRODUCTION

The Special Programme of Research, Development and Research Training in Human Reproduction (hereinafter called the Special Programme) is structured on the basis of co-sponsorship by the United Nations Development Programme (hereinafter called UNDP), the United Nations Fund for Population Activities (hereinafter called UNFPA), the World Health Organization (hereinafter called WHO) and the International Bank for Reconstruction and Development (hereinafter called The Bank), and operates within a broad framework of intergovernmental and inter-agency cooperation and participation.

1. BASIC STRUCTURE

1.1 The Special Programme is a global programme of international technical cooperation initiated by WHO to promote, coordinate, support, conduct and evaluate research in human reproduction with particular reference to the needs of developing countries, by:

(i) promoting and supporting research aimed at finding and developing safe and effective methods of fertility regulation as well as identifying and eliminating obstacles to such research and development;

(ii) identifying and evaluating health and safety problems associated with fertility regulation technology, analysing the behavioural and social determinants of fertility regulation, and testing cost-effective interventions to develop improved approaches to fertility regulation within the context of reproductive health services;

(iii) strengthening the training and research capability of developing countries to conduct research in the field of human reproduction; and

(iv) establishing a basis for collaboration with other programmes engaged in research and development in human reproduction, including the identification of priorities across the field and the coordination of activities in the light of such priorities.

1.2 The Cooperating Parties are:

1.2.1 governments contributing to Special Programme Resources; governments providing technical and/or scientific support to the Special Programme; and governments with policies designed to address the needs for fertility regulation and family planning for their populations in the context of their overall plans for health care and social and economic development.

1.2.2 intergovernmental and other non-profit making organizations contributing to Special Programme Resources or providing technical and scientific support to the Special Programme.

1.3 The Co-Sponsors are UNDP, UNFPA, WHO and The Bank.

1.4 The Executing Agency is WHO.

1.5 Special Programme Resources are the financial resources made available to the Special Programme by governments and organizations through the WHO Voluntary Fund for Health Promotion.

2. POLICY AND COORDINATION COMMITTEE (PCC)

The PCC is the governing body of the Special Programme.

2.1 Functions

The PCC shall, for the purpose of coordinating the interests and responsibilities of the parties cooperating in the Special Programme, have the following functions:

2.1.1 Review and decide upon the planning and execution of the Special Programme. For this purpose it will keep itself informed of all aspects of the development of the Special Programme and consider reports and recommendations submitted to it by the Standing Committee referred to in Section 3 of this Memorandum (hereinafter called the Standing Committee), the Executing Agency and the Scientific and Technical Advisory Group referred to in Section 4 of this Memorandum (hereinafter called STAG).

2.1.2 Review and approve the plan of action and budget for the coming financial period prepared by the Executing Agency and reviewed by STAG and the Standing Committee.

2.1.3 Review the proposals of the Standing Committee and approve arrangements for the financing of the Special Programme.

2.1.4 Review proposed longer term plans of action and their financial implications.

2.1.5 Review the annual financial statements submitted by the Executing Agency, as well as the audit report thereon submitted by the External Auditor of the Executing Agency.

2.1.6 Review periodic reports which evaluate the progress of the Special Programme towards the achievement of its objectives.

2.1.7 Review and endorse the selection of members of STAG by the Executing Agency in consultation with the Standing Committee.

2.1.8 Consider such other matters relating to the Special Programme as may be referred to it by any Cooperating Party.

2.2 Membership

The PCC shall consist of 32 members from among the Cooperating Parties as follows:

2.2.1 Largest financial contributors: the 11 government representatives from the countries which were the largest financial contributors to the Special Programme in the previous biennium.

2.2.2 Countries elected by WHO Regional Committees: 14 member countries elected by the WHO Regional Committees for three-year terms according to the population distribution and regional needs:

Africa	4
Americas	2
Eastern Mediterranean	1
Europe	1
South-East Asia	3
Western Pacific	3

In these elections due account should be taken of a country's financial and/or technical support to the Special Programme as well as its interest in the fields of family planning, research and development in human reproduction and fertility regulation as demonstrated by national policies and programmes.

2.2.3 Other interested Cooperating Parties: Two members elected by the PCC for three-year terms from the remaining Cooperating Parties.

2.2.4 Permanent members: the Co-Sponsors of the Special Programme, and IPPF.

Members of the PCC in categories 2.2.2 and 2.2.3 may be re-elected.

2.3 Observers

Other Cooperating Parties may be represented as observers upon approval of the Executing Agency, after consultation with the Standing Committee. Observers attend sessions of the PCC at their own expense.

2.4 Operation

2.4.1 The PCC will meet at least once a year, and in extraordinary sessions if required, subject to the agreement of the majority of its members. The Executing Agency shall provide the Secretariat.

2.4.2 The PCC shall elect each year from among its members, a Chairman, a Vice-Chairman and a Rapporteur.

2.4.3 The Chairman shall:

- convene and preside over meetings of the PCC; and
- undertake such additional duties as may be assigned to him by the PCC.

2.4.4 Subject to such other special arrangements as may be decided upon by the PCC, members of the PCC shall make their own arrangements to cover the expenses incurred in attending sessions of the PCC.

2.5 Procedures

2.5.1 The PCC shall, in its proceedings be guided mutatis mutandis by the rules of procedure of the World Health Assembly.

2.5.2 In consultation with the Chairman, the Secretariat shall prepare an annotated provisional agenda for the meeting.

2.5.3 A Report, prepared by the Rapporteur, with the assistance of the Secretariat, shall be circulated as soon as possible after the conclusion of the session for the subsequent approval of participants.

3. THE STANDING COMMITTEE

3.1 Composition

The Standing Committee shall be comprised of representatives of the Co-Sponsors.

3.2 Functions

The Standing Committee shall have the following functions:

3.2.1 Review plans of action and budget for the coming financial periods as prepared by the Executing Agency and reviewed by STAG in time for presentation to the annual session of the PCC.

3.2.2 Make proposals to the PCC for the financing of the Special Programme for the coming financial period.

3.2.3 Review reallocation of resources during a financial period upon the recommendation of STAG and the Executing Agency and report to the PCC.

3.2.4 Examine the reports submitted to the Executing Agency by STAG and the Executing Agency's comments; make the necessary observations thereon and transmit these, with comments as appropriate, to the PCC.

3.2.5 Review particular aspects of the Special Programme, including those which may be referred to it by the PCC, and present findings and recommendations to the PCC.

3.2.6 Inform the PCC, as required, regarding Special Programme matters of interest to the PCC.

3.2.7 Prepare an annual report of its activities for PCC.

3.3 Operation

3.3.1 The Standing Committee shall usually meet twice a year; once at the time of the PCC meeting, and additionally between sessions of the PCC.

3.3.2 The Executing Agency shall arrange for support services and facilities as may be required by the Standing Committee.

3.3.3 Members of the Standing Committee shall make their own arrangements to cover the expenses incurred in attending sessions of the Standing Committee.

4. SCIENTIFIC AND TECHNICAL ADVISORY GROUP (STAG)

4.1 Functions

The STAG shall have the following functions:

4.1.1 Review, from a scientific and technical standpoint, the content, scope and dimensions of the Special Programme, including the research areas covered and approaches to be adopted.

4.1.2 Recommend priorities within the Special Programme, including the establishment and disestablishment of Task Forces, and all scientific and technical activities related to the Programme.

4.1.3 Provide PCC and the Standing Committee with a continuous and independent evaluation of the scientific and technical aspects of all activities of the Special Programme.

4.1.4 Review the plans of action and budget for financial periods prepared by the Executing Agency and make proposals to the Standing Committee for possible reallocation of resources within the scientific and technical component of the Special Programme during the period concerned.

For these purposes, the STAG may propose and present for consideration such technical documents and recommendations as it may deem necessary to the Executing Agency, the Standing Committee or the PCC, as appropriate.

4.2 Composition

4.2.1 The STAG shall be comprised of 15-18 members, who will serve in their personal capacities to represent the broad range of biomedical and other disciplines required for the Special Programme's activities.

4.2.2 Members of the STAG, including the Chairman, will be selected on the basis of scientific and technical competence by the Executing Agency in consultation with the Standing Committee and with the endorsement of PCC.

4.2.3 Members of the STAG shall not be members of other committees of the Special Programme, principal investigators in studies undertaken by the Special Programme, or Special Programme grantees.

4.2.4 Members of the STAG, including the Chairman, shall be appointed to serve for a period of three years, and will be eligible for immediate reappointment only once.

4.3 Operation

4.3.1 The STAG shall meet at least once each year.

4.3.2 The Executing Agency shall provide the Secretariat to STAG, including sustained scientific, technical and administrative support.

4.3.3 The STAG shall elect a Vice-Chairman and a Rapporteur from among its members for each meeting.

4.3.4 The STAG shall prepare an annual report on the basis of a full review of all technical and scientific aspects of the Special Programme. This report, containing its findings and recommendations, shall be submitted to the Executing Agency and to the Standing Committee. The Executing Agency shall submit its comments (if any) on the report to the Standing Committee. The Standing Committee shall then transmit the report, including any comments of the Executing Agency, together with its own observations and recommendations, to the PCC. The Chairman of STAG, or in his absence a member of the STAG deputized to act for him, shall attend all sessions of the PCC.

5. THE EXECUTING AGENCY

The Executing Agency, after consultations with the Standing Committee and other consultations as it may deem appropriate, shall appoint the Special Programme Director and appoint or assign all other personnel to the Special Programme as specified in the plans of work. Drawing as required upon the administrative resources of the Executing Agency and in cooperation with the Co-Sponsors, the Assistant Director-General supervising the Director of the Special Programme will be responsible for the overall management of the Special Programme. Drawing to the full upon the scientific and technical resources of the Executing Agency, the Director of the Special Programme shall be responsible for the overall scientific and technical development and operation of the Special Programme, including the plan of action and budget.

The World Bank
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COPY

October 16, 1987

Dr. Halfdan Mahler
Director-General
World Health Organization
1211 Geneva 27
Switzerland

Dear Dr. Mahler:

Re: Special Programme of Research, Development, and Research Training in Human Reproduction

With reference to the Special Programme of Research, Development, and Research Training in Human Reproduction, this letter agreement provides the formal basis for the Bank's financial contribution to the first year of this collaborative effort.

Bank Contribution

The World Bank will contribute a grant of US$2,000,000, during the period July 1987 through June 1988, in support of the Special Programme of Research, Development and Research Training in Human Reproduction described in Annex 1. This grant will be provided in two installments as follows:

US$1,000,000 in November 1987, and

US$1,000,000 in March 1988.

Scope of Work

These funds will be for unrestricted use against the Programme's objectives as set forth in Section 1.1 of Annex 1.

WHO agrees to deposit the Bank's contribution in a special account set up for the Programme. In the event that undisbursed World Bank funds remain in the account when the Programme ends, such funds will be returned to the World Bank, or otherwise utilized as per agreement with the Bank.

Reporting

WHO shall furnish annually to the Bank, and other sponsors, externally audited financial statements showing the use of funds provided by the Bank and other sponsors. These statements can be the same as those referred to in Section 2.1.5 of Annex 1.

Kindly confirm your agreement to the above terms and conditions by returning to us a signed copy of this letter agreement in the space provided below. Please direct correspondence dealing with this grant to Mr. Dean T. Jamison, Chief, Population, Health and Nutrition Division, Population and Human Resources Department, with a copy to Dr. Frederick T. Sai, Senior Population Adviser, Population and Human Resources Department.

Yours sincerely,

Ann O. Hamilton
Director
Population and Human Resources

AGREED:
World Health Organization (WHO)

By: _____ Date: _____

Enclosure

cc and cleared with: Mr. Ofosu-Amaah, Mr. Jamison

cc: Messrs. B. Conable, D. Hopper, V. Rajagopalan, F. Sai; Mmes. S. Cochrane, K. Truong

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4.3 Operation

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5. THE EXECUTING AGENCY

The Executing Agency, after consultations with the Standing Committee and other consultations as it may deem appropriate, shall appoint the Special Programme Director and appoint or assign all other personnel to the Special Programme as specified in the plans of work. Drawing as required upon the administrative resources of the Executing Agency and in cooperation with the Co-Sponsors, the Assistant Director-General supervising the Director of the Special Programme will be responsible for the overall management of the Special Programme. Drawing to the full upon the scientific and technical resources of the Executing Agency, the Director of the Special Programme shall be responsible for the overall scientific and technical development and operation of the Special Programme, including the plan of action and budget.

The World Bank
INTERNATIONAL BANK FOR RECONSTRUCTION AND DEVELOPMENT
INTERNATIONAL DEVELOPMENT ASSOCIATION

1818 H Street, N.W.
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Cable Address: INTBAFRAD
Cable Address: INDEVAS

October 1, 1987

Dr. Halfdan Mahler
Director General
World Health Organization
1211 Geneva 27
Switzerland

Dear Dr. Mahler:

As you know, Mr. Conable announced at the February 1987 Nairobi Safe Motherhood Conference that the Bank would contribute US$1,000,000, over a three-year period, to the WHO Safe Motherhood Operational Research Programme. This letter agreement provides the formal basis for the Bank's contribution to this collaborative effort.

Bank Contribution

1. The World Bank will contribute a grant of US$1,000,000 in support of the Safe Motherhood Operational Research Programme described in Annex 1. This grant will be provided in three installments as follows:

US$500,000 for the period between
July 1, 1987 and June 30, 1988

US$250,000 for the period between
July 1, 1988 and June 30, 1989

US$250,000 for the period between
July 1, 1989 and June 30, 1990

These funds will be for unrestricted use against the budget set forth on page 11 of Annex 1.

Scope of Work

2. The Bank's contribution will be used to support the activities described in Annex 1.

3. WHO agrees to deposit the Bank's contribution in the special account set up for the Programme described in Annex 1. In the event that undisbursed World Bank funds remain in the account when the Programme ends, such funds will be returned to the World Bank, or otherwise utilized as per agreement with the Bank.

Reporting

4. WHO shall furnish annually to the Bank and other donors, an externally audited statement of account showing the use of funds provided by the Bank and other donors.

Kindly confirm your agreement to the above terms and conditions by returning to us a signed copy of this letter agreement in the space provided below. Please direct correspondence dealing with this grant to Mr. Dean T. Jamison, Chief, Population, Health and Nutrition Division, Population and Human Resources Department, with copies to Dr. Anthony R. Measham, Health Adviser, Population and Human Resources Department and Ms. Barbara Herz, Chief, Women in Development Division, Population and Human Resources Department. We look forward to working with WHO in this important Programme.

Yours sincerely,

Ann O. Hamilton
Director
Population and Human Resources Department

AGREED:

World Health Organization (WHO)

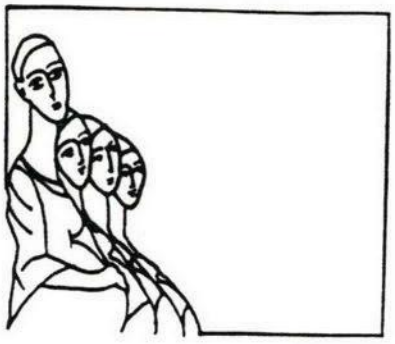
By: _____ Date: _____

Enclosure

cleared & cc: L. Doud, VPL; D. Jamison, PHRHN
cc: Messrs. B. Conable, EXC; D. Hopper, SVP; A. Measham, PHRDR;
V. Rajagopalan, VPP; F. Sai, PHRDR
Mmes. S. Cochrane, PHRHN; B. Herz, PHRWD; K. Truong, PHRHN

ARMeasham/cjm
b:whosmor.tor

ANNEX I



SAFE MOTHERHOOD OPERATIONAL RESEARCH

A Proposal for Funding

World Health Organization

Division of Family Health
Geneva, Switzerland

MATERNAL HEALTH AND SAFE MOTHERHOOD OPERATIONAL RESEARCH

Contents

MATERNAL HEALTH AND SAFE MOTHERHOOD
OPERATIONAL RESEARCH

1. Introduction: Problem Statement

Over 500,000 women a year die as a result of pregnancy or childbirth, all but 6,000 of whom are women in the developing world. In the absence of skills and knowledge in managing pregnancy and conducting a delivery, each time a woman becomes pregnant she has between a one and two percent risk of dying. In some sub-groups, particularly young adolescents who receive no prenatal care, there may be a 5.0 to 7.0 percent risk of dying. During her reproductive years, when she should be at the height of her productivity and family responsibilities, and in her prime of life, an African woman has one chance in fourteen of dying as a result of pregnancy or childbirth; a South Asian woman has one chance in eighteen of dying. Progress in health technology and health systems can be measured by the observation that in many developing countries maternal mortality is 200 to 500 times higher than that in many industrialized countries.

The risk of a maternal death begins with the poor health, nutrition and social status of the future mother during childhood. A childhood legacy of short stature, low body weight and anaemia, coupled with childbearing before social and biological maturity, are major contributors to maternal death. The geographic and cultural inaccessibility of family planning services and the erosion of traditional mechanisms of child spacing add their contribution to the risk of a maternal death, as do unwanted pregnancies, high parity and childbearing late in a woman's reproductive years.

Maternal mortality is an indicator of social inequity and discrimination against women. It represents an impediment to development and contributes to infant and child mortality. In large part, however, the credit for progress, or blame for failure to achieve a sharp decline in maternal mortality rates, rests with the health sector. Although many of the actions for lowering maternal mortality must come from health technologies and health systems, including the provision of family planning, all sectors of society also bear a responsibility for creating a social climate in which women's needs are accorded a high priority in health and social policies and programmes.

In many countries and regions it is not unusual to find that a large percentage of the maternal deaths are preventable with attainable resources and skills. (For example, in the presence of prenatal care, even provided by traditional birth attendants or primary health care workers, it is unconscionable that a woman dies from eclampsia. Timely action and referral are usually possible. Yet 10 to 25 percent of maternal deaths are due to eclampsia, the risk having already been identified by a health worker.) At the same time, increased literacy among women and their involvement in their own health care increases their awareness and understanding of their own health needs and the cultural accessibility and utilization of maternal health services. Thus operational research becomes important as a tool for adapting the organization and provision of maternal health services to different circumstances and settings.

2. Objectives

The overall objective of safe motherhood operational research is to reduce maternal mortality and morbidity and to promote maternal health and healthy women in general, through a programme of activities for safe motherhood which will continue to: create an awareness of the importance of and options for action to ensure maternal health; provide technical and managerial support to national MCH/FP programmes; and, promote intersectoral policies and action linking women and development with reproductive health.

The specific objectives of a programme for operational research in maternal health would be:

2.1 To promote, stimulate and support through operational research the selection, adaptation and application of known technologies and innovative approaches for maternal health care at the country level

2.2 To monitor and evaluate national and local experiences in operational research in maternal health care in order to develop general principles and guidelines for the planning, management and evaluation of maternal health care services

2.3 To disseminate the results of operational research in maternal health care and to share the information and experiences on the application of research methods (feedback to programmes)

3. The WHO Programme for Maternal Health: the Context for Safe Motherhood Operational Research

Reduction of maternal mortality and morbidity and improving the coverage of maternal health care has always been a priority objective of the World Health Organization. Activities supportive of the maternal component of maternal and child health have included the development of training programmes and materials for delivery care; up-grading, training and integration of traditional birth attendants; and, a consistent and continuing support to research, training and programme development of the family planning component of MCH/FP.

In an endeavour to strengthen the scientific soundness, social relevance and managerial effectiveness for maternal health care the global progrmame of MCH/FP has focussed on four supporting functions:

3.1 Technical and managerial support to national programmes of MCH/FP

The modus operandi of the WHO programme of activities in support of maternal health is technical cooperation and managerial support to countries for the formulation of policies, targets, strategies and norms based upon the most recent scientific knowledge and the health situation analysis nationally or locally. Country level support aims at ensuring the appropriate quality and technical content of maternal care; the selection, adaptation and implementation of appropriate technologies for maternal health care; and, the evaluation of programmes. Support for these functions is provided by all levels of the Organization, i.e., country, regional and global, and from a number of technical programmes in addition to the programme of maternal and child health/family planning. Technical support for specialized areas, such as reproductive health of adolescence, infertility or health systems research is provided from the global programme of MCH/FP. With the support of UNFPA, WHO serves as the executing agency for 119 projects in 85 countries.

3.2 Information analysis and dissemination

In the last decade the Organization has extended and systematized its review of available information on various aspects of maternal and child health. In addition to the reviews of maternal mortality and maternal care coverage the programme has undertaken a global analysis of anaemia during pregnancy, low birth weight, breast-feeding and sex differentials in infant and child mortality. These reviews have included both indexed medical literature and non-indexed documents and reports. These data are maintained on a micro-computer, continuously up-dated and published periodically.

In monitoring the world health situation it was evident to the Organization that information on maternal mortality was lacking in just those countries and circumstances that it was most needed for programme development and planning. As a consequence and with the support of UNFPA, WHO mobilized the interest and expertise of a network of collaborating institutions and consultants in all regions to initate a programme of research on maternal mortality and on unmet needs in maternal health and family planning. Thus far studies in 20 countries were designed and supported, using a variety of approaches, to define or estimate the magnitude and major causes of maternal mortality, and to identify possible interventions (see Annex I). WHO has established a network of collaboration and exchange of information with other research groups and institutions that have been working in the field.

WHO has endeavoured through publications, conferences, workshops and an information kit for the press, to play a significant role in advocacy aimed at moving the reduction of maternal mortality to a higher scale of priority nationally and internationally. The International Conference on Safe Motherhood in Nairobi, jointly organized by the World Bank, WHO and UNFPA, with the collaboration of UNDP, was a part of this endeavour.

3.3 Research and Development in Appropriate Technology

With the support of the WHO regular budget and SIDA, the Organization has for the past six years undertaken a range of research and development activities for the development of appropriate technology for pregnancy and perinatal care. Some of the examples of these efforts directly related to maternal health care are shown in Annex I. These include: the use of the Home-based maternal card as a multiple purpose tool for continuity of care, risk identification and health education; and a simple device for diagnosing anaemia.

3.4 Adaptation of appropriate technology in MCH/FP to health care systems: research and training

The WHO programme of Maternal and Child Health, including Family Planning has over a decade of experience in the field of research in MCH/FP. These experiences have included the adaptation and application of the risk approach and the rapid evaluation methodology to MCH/FP; multi-centred studies on the epidemiology and management of hypertensive disorders of pregnancy; and the extensive studies on the epidemiology of maternal mortality and unmet needs in maternal health and family planning (see Annex I).

The concept of the risk approach in MCH/FP has permeated the thinking and programming of a large proportion of health professionals dealing with the health of mothers and children. The impact of this concept is reflected in national programme strategies, and in the continuing demand for training in the risk approach. Increasingly those responsible for national MCH/FP programmes have recognized that certain subgroups in the community require more care than others.

Training in the adaptation and application of appropriate technology in MCH/FP has remained a priority in WHO's programme, being primarily supported in countries by the regional offices. Emphasis in training has been upon training of trainers of primary health care workers and of traditional birth attendants, training in the management and provision of family planning methods and in the orientation and application of the risk approach in maternal and child health, including family planning. At the same time, gaps in training are evident, particularly in the supervision and management of integrated MCH/FP programmes and the need for accelerated training in the skills for essential obstetric care.

4. Areas of Operational Research in Maternal Health

There has been little appreciation by both policy makers and health researchers as to the magnitude and nature of the problem of maternal mortality and health. Even less attention has been directed at the operational and programmatic issues in the provision of maternal health care. Reduction of maternal mortality and morbidity requires: explicit action in terms of the organization of maternal health services; the placement of human, technical and institutional resources at points that are geographically and culturally accessible to the community; the application of already known technologies; and changes in health behaviour in the community. The broad principles for meeting these requirements exist; what does not exist is an extensive experience in the adaptation, adoption and evaluation of the application of existing epidemiological, social science and management sciences knowledge to the different circumstances and settings where maternal mortality is a priority problem, i.e., operational research.

Operational research issues in maternal health can be approached from four perspectives:

1. the organization and management of maternal health and family planning services
2. development and adaptation of specific technologies
3. case and programme management of specific conditions
4. health promotion of girls and women in the community and as part of primary health care

In a variety of settings and depending on the needs of local programmes, many of the following issues and others would need to be examined through operational research in terms of safety, effectiveness, managerial efficiency and social acceptability. The following examples illustrate a number of operational research issues corresponding to these three perspectives:

4.1 Organization and management

Integrated programmmes and community participation: In any given setting what is the optimal mix of services provided both in managerial terms and from the perspective of the family? to what extent can community-based distribution of contraceptives be extended to maternal health prophylactics, such as iron folate and antimalarials?

Maternity waiting area: Community acceptance and participation in the development and maintenance of maternity waiting "villages" or houses for women at high risk of complications during pregnancy or delivery.

Transfer and delegation of skills and tasks: training and delegation to General Medical Officers, Midwives, Medical Assistants, etc. of functions such as Caesarian section, vacuum extraction, manual removal of placenta, administration of anaesthesia.

Supervision and management: indicators and techniques for monitoring case and programme management of maternity care at different levels in the health system.

Service performance problems: development of simple techniques for maternal health investigations at facility and district levels to identify immediate improvements of services; methods for risk case tracking through the levels of care; identification of the essential prenatal care required for different categories of risk cases in different settings, including the indispensable technical content of each prenatal contact.

Cost of services: the relative cost effectiveness and acceptability of different combinations of maternal health, nutrition and family planning interventions.

4.2 Specific technologies

Plasma substitutes: the use and effectiveness of plasma substitutes by health centre staff to replace blood loss in shock.

Home-based maternal record: the effectiveness and programme impact of the Home-based Mother's Record (HBMR) in self-identification and referral of women at high risk of complications during pregnancy or delivery; acceptability of the HBMR by different levels of health workers and by the community.

Labour graph: the effectiveness of a labour graph in helping identify the right time of referral or operative intervention.

4.3 Specific conditions

Sepsis: the use of routine antibiotics in cases of prolonged labour or premature rupture of membranes; gloves versus antiseptic solutions and handwashing techniques in control of infection.

Hypertensive Disorders of Pregnancy and Eclampsia: training TBAs and PHC workers in the use of pitting oedema as a screening tool for hypertensive disorders of pregnancy.

Anaemia: use of simple devices for discrimination of severe anaemia (< 8gm%); comparison of different regimen combinations and duration of therapy of anti-malarial drugs, iron and folic acid in the treatment of anaemia; evaluation of community-based distribution of these drugs.

Haemorrhage: safety and effectiveness of the routine use of oxytocics by all birth attendants after the delivery of the anterior shoulder; manual removal of the placenta after thirty minutes by health centre staff; TBA catheterization of the bladder in prolonged third stage of labour.

4.4 Health promotion of girls and women in the community and as part of primary health care

Can a social marketing approach be effectively applied in promotion of women's health through a variety of other sectors?

Will adult education programmes specifically targetted to involve women, affect women's understanding of their own health needs and their appropriate use of services?

What is the measurable impact of other interventions which affect women's work, nutrition and energy expenditure?

Can community groups, such as women's organizations, teachers or others, be involved and trained in the promotion of women's health, including family planning and the identification of pregnant women at risk of complications?

How can communities and different governmental departments become involved to ensure emergency transport of women during pregnancy or delivery?

5. Approaches in the Promotion and Support for Operational Research in Maternal Health

In any specific setting the selection of priorities for operational research in maternal health will be based upon:

the perception of the need for operational research by the national health authorities and decision makers

knowledge or reasonable estimates of the magnitude and major causes of maternal mortality

an examination of the existing system of maternal health care and cultural perceptions about it

the community's own beliefs, knowledge and opinions about maternal mortality and morbidity and fertility regulation.

Implementation of operational research requires the drawing on the expertise and experience from a wide variety of disciplines from the health, social and managerial sciences. It is greatly facilitated by a network of collaborating centres sharing both concerns and experiences, both in the specific field of maternal health as well as in other areas of health systems research.

A critical requirement for operational research is a mechanism for the utilization and application of the results of such research. Part of that mechanism is the interest and involvement of a senior decision maker in formulating the research questions and the commitment to use the results for the improvement of the services.

Certain approaches facilitate the development and application of operations research. Sensitization of decision makers to the importance and applicability of operational research is a critical first step. (Short national or intercountry seminars have been useful in such sensitization.) The demystification of operational research and the motivation and mobilization of researchers and other health workers in undertaking it have been successfully accomplished in training workshops, and this will contribute to utilization of the results. Lastly in this Safe Motherhood Operational Research programme it will be required that all project proposals include a section on the mechanisms which will be used to help ensure application of the findings, and support for this will be a part of the package of technical and material support for the project.

Operational research will be derived from one or a combination of several of the following:

- Epidemiological studies on maternal mortality: workshops are conducted in each country as a follow-up of these studies in order to review their results and discuss the programme implications.

- Programme application and adaptation of Appropriate Technology developments: development and implementation of core protocols for adaptation to enable the later development of more general guidelines for the use of these technologies in MCH/FP.

- Programme Reviews of MCH/FP (Assessment of Unmet Needs; Rapid Evaluation Methodology): applied in several countries, this approach identifies in a systematic way the programmatic and managerial issues requiring action or operational research

- Ad hoc "bright ideas" for operational research.

6. Expected Outcome of a Programme of Operational Research for Safe Motherhood

6.1 At the level of the countries involved:

- improvements in coverage and effectiveness of the maternal health care system

- increased emphasis and improved delivery of family planning care to avoid high risk pregnancy

- greater capacity to carry out operational research in maternal health and family planning, feedback to programmes and utilization of results.

6.2 At a global level:

- changes in programme policy and emphases when similar findings are repeated in different settings

- guidelines on operational research methods in maternal health (to match those being prepared on epidemiological research in this field)

- a network of maternal health research institutions in developing countries, giving and receiving technical support

- materials for training in subjects shown by operational research to be important, e.g., essential obstetric functions at peripheral level.

6.3 Nationally and internationally:

- because of interest created and sustained by this operational and epidemiological research, increased priority and resources given in national health programmes to maternal health and family planning care, and

- because of this, a greater reduction of maternal mortality and morbidity worldwide in the next two decades that would otherise have occurred.

7. Operational Framework of the Programme

The programme of operational research in maternal health (safe motherhood) will be implemented as an integral part of the Organization's programme of Maternal and Child Health including Family Planning within the Division of Family Health. The Senior Medical Officer of the Family Health Division will have responsibility for managing the programme. The Chief MCH and Director FHE will have overall responsibility for the integration of the programme of activities with the other activities in support of maternal health and with other aspects of MCH and family planning. Other staff within the MCH unit and the Family Health Division will be assigned specific responsibilities in technical support for the operational research as well as the other complementary activities of maternal health and the MCH/FP programme. Short-term consultants will be recruited as necessary.

A Scientific Technical Advisory Group, composed of individuals outside of the Organization and possessing expertise and experiences in a variety of disciplines and circumstances, will provide the Organization with an overall technical direction for the programme, review and monitor specific research proposals and review overall progress in the programme.

An announcement of the programme of operational research for safe motherhood will be made in the first issue of a newsletter on safe motherhood. The newsletter, to be issued as materials become available, will provide for the rapid dissemination of results of operational and epidemiological research for safe motherhood, information on developments in appropriate technology in MCH/FP and on publications and relevant meetings.

When based on reasonably sound, locally obtained information, national workshops involving programme managers, decision makers, service providers and researchers have been found to be an effective mechanisms for identifying either operational research issues or immediately implementable actions for the improvement of maternal health. Such locally obtained information may come from several sources, including: risk approach studies in MCH/FP; epidemiological studies on the magnitude and causes of maternal mortality; studies on unmet needs in MCH/FP; or, rapid evaluations (programme reviews) of MCH/FP programmes.

Collaborating institutions and centres: WHO's Programme of Maternal and Child Health, including Family Planning and the Special Programme in Human Reproduction, maintain a network of institutions, governmental, academic and non-governmental, that have entered into formal or working collaborative arrangements with WHO to undertake and support research relevant to the overall aims and objectives of the Organization. These institutions possess the requisite staff expertise, experience and access to ongoing programmes that will be required for the programme of accelerated action for operational research in maternal health. There is a close collaboration between centres in sharing experiences, strengthening research resources, training and coordination of research on common themes. The existing network of collaborating centres in MCH/FP will be strengthened for undertaking operational research, research training and technical support for operational research. The centres will be used for the national and regional workshops, and staff will receive further training in selected subject areas, either through workshops or short courses.

Small ad hoc projects will be promoted through a small grants, minimum formality approach. Investigators will be encouraged to submit proposals even for less than $5,000. Such smaller grant proposals could be reviewed and approved by the secretariat without necessarily awaiting the next technical advisory group meeting.

Two types of guidelines will be developed, one for the small grants requests, another for the more substantial requests. They will contain information on the desired form and content of applications, on what criteria of priority will be used, and on the fact that some mechanisms must be proposed to try to ensure that the results of the research are used in practice, to improve maternal health.

8. **Overall Budget for a Three Year Programme (in 000's US dollars)**

BUDGET LINE	1987/88	1988/89	1989/90	TOTAL
Grants	320	1,140	1,940	3,400
Technical support (including consultants, travel, and tech.adv.grp)	165	254	272	691
Information dissemination (incl. workshops, training, publications)	66	132	136	334
Programme Support	72	198	305	575
	623	1,724	2,653	5,000

Annex I: Annotated list of WHO Programme Activities in Support of Maternal Health

Epidemiological studies on maternal mortality or unmet needs in maternal health and family planning - 1984 to present

Completed:

Egypt	India (Ananthapur)
Nepal	Tanzania
Viet Nam	Portugal
Rwanda	

In Progress:

Algeria	Pakistan	China
Peru	Senegal	Guinea Bissau
Sudan	Bhutan	Indonesia
Costa Rica	Mexico	Papua New Guinea

Being Initiated:

India (Pune)	Laos
Malawi	

Interregional Meeting on the Prevention of Maternal Mortality - November 1985

The principal investigators of the WHO-supported studies and representatives of the other concerned institutions, UNFPA and the UN Population Division participated in a WHO Interregional Meeting on the Prevention of Maternal Mortality in November 1985. The results of the studies were reviewed and the broad lines of a four pronged attack on the problem was drafted in terms of:

- defining the magnitude and major causes in different settings;
- establishing needs for research, training and appropriate technology-research; defining and detailing the essential elements of obstetric care necessary at the first referral level; and
- highlighting the specific role of family planning (ref. FHE/86.1)

International Conference on Safe Motherhood - Nairobi, February 1987

Sponsored by the WHO, the World Bank and UNFPA, the Conference was attended by participants from 37 countries, including the Director-General of WHO, the President of the World Bank, the Administrator of the UNDP and the Assistant Executive Director (now Executive Director) of the UNFPA. The Conference represented a turning point in the global recognition of the problem of maternal health and resulted in a call to action for a variety of interventions both within and outside the health sector, and including family planning, to ensure safe pregnancy and delivery for all women.

Technical Working Group Meeting on Essential Obstetric Care - June 1986

The Technical Working Group met in June 1986 to initiate the development of guidelines for Essential Obstetric Functions at the First Level of Referral (FHE/86.4). The latter document provides the basis of a more comprehensive maternal health care programme development, including the implications for facilities, supplies and equipment, allocation of tasks and training, transport and communications and programme planning and resource allocation.

Interregional Meeting SEARO/WPRO on Maternal Mortality - November 1986

Training workshop for the development of research in maternal mortality and unmet needs in maternal health and family planning. Also reviewed was the manual for the use of different methods in the development of studies on epidemiology of maternal mortality.

Training Workshops in the Application of the Risk Approach in MCH/FP - 1980 to present.

Up until 1986 over 30 workshops involving over 500 participants have been conducted on an interregional, regional or national level. Activities included in the development of the methodology have included the training materials, workshop guidelines and facilitator manuals. In Latin America the training has been integrated into the curricula of the schools of public health, in China a WHO Collaborating Centre on the Risk Aprpaoch in MCH/FP has been designated for support to national training and research support. Over -- research studies have been supported by the organization in -- countries.

Multicentred studies on the Epidemiology and Management of Hypertensive Disorders of Pregnancy - 1981 through 1985

Burma	Egypt
Thailand	Lesotho
Viet Nam	Botswana
China	

Research and Development of Appropriate Technology in support of Maternal Health - 1982 to present

Examples of Appropriate Technology in MCH/FP	Implication for Safe Motherhood	Stage of Development
Home-based Mother's Card	Care continuity; primary health care worker, TBA and self identification of risk and referral need; health education tool	Research and development done; adapted to non-literate; ready for national trial
"Three Cleans" Home and TBA cord care/"delivery" kit	Decrease risk of sepsis and neonatal tetanus	Prototypes and guidelines done; needs testing of non-literate instructions

Primary Health Care Anaemia Diagnosis Device	Identify anaemia cases for referral and/or treatment	Prototype in final stage of development; ready for field trial
Position and mobility in labour and delivery; management of third stage of labour; companion during labour	Decrease risks of haemorrhage, obstructed labour, need for C/S or oxytocin	Protocols ready for multicentred clinical trials; some studies in progress

Rapid Evaluation Methodology (Joint Programme Review):

Initially developed as a tool to assess coverage and the management of the Expanded Progrmame of Immunization, the Rapid Evaluation Methodology (referred to as Joint Programme Review in the EPI and PHC reviews) has been adapted by the Maternal and Child Health Programme to the wide range of performance, management and resource issues in MCH/FP services. Well over 60 reviews in EPI have been conducted globally with MCH/FP components, over 10 such reviews have been conducted in primary health care programmes, including the MCH components, and several in-depth reviews of MCH/FP have been conducted with the primary purpose of further developing flexible country specific instruments for review and evaluation of the various components of MCH/FP. Elements that have been developed in depth in addition to those elements of EPI, diarrhoeal disease control programmes and nutritional surveillance include modules related to TBA training and programme performance, infertility care, perinatal care, and adolescent reproductive health care, as well as an overall "bottom-up" approach to the adaptation of the review procedures to specific settings.

~~(1) HH~~
(2) BBC

WORLD BANK OTS SYSTEM
OFFICE OF THE PRESIDENT

CORRESPONDANCE DATE : 88/03/03 DUE DATE : 00/00/00
LOG NUMBER : 880407010 FROM : H.Mahler
SUBJECT : Thanking BBC for his ltr. on 2/5/88 with encouragement & support of WHO in the global fight against AIDS.
OFFICE ASSIGNED TO FOR ACTION : (3) Mr. Hopper (D-1202)

ACTION:

_____ APPROVED
_____ PLEASE HANDLE
__✓___ FOR YOUR INFORMATION
_____ FOR YOUR REVIEW AND RECOMMENDATION
__✓___ FOR THE FILES
_____ PLEASE DISCUSS WITH _____
_____ PLEASE PREPARE RESPONSE FOR _____ SIGNATURE
_____ AS WE DISCUSSED
_____ RETURN TO _____

COMMENTS : See note attached.

FORM NO. 75
(6–83)

THE WORLD BANK/IFC

ROUTING SLIP	DATE: April 5, 1988

NAME	ROOM NO.
Mrs. Linda Mclaughlin	E-1227

	APPROPRIATE DISPOSITION		NOTE AND RETURN
	APPROVAL		NOTE AND SEND ON
	CLEARANCE		PER OUR CONVERSATION
	COMMENT		PER YOUR REQUEST
	FOR ACTION		PREPARE REPLY
	INFORMATION		RECOMMENDATION
	INITIAL		SIGNATURE
	NOTE AND FILE		**URGENT**

REMARKS: Hello Linda,

The attached letter came to us as part of the "President's Mail" we receive from U.N. organizations. Mr. Callie Boucher in our Division has just given this back to me saying that no reply is necessary, but that I should pass to you, for logging in, any letters from heads of agencies. Many thanks.

FROM:	ROOM NO.:	EXTENSION:
Wendy Woods, SPRIE	J-3049	34683

WORLD HEALTH ORGANIZATION ORGANISATION MONDIALE DE LA SANTE

Téléphone Central/Exchange: 91 21 11
Direct: 91

In reply please refer to : A 20/372/6
Prière de rappeler la référence:

Mr Barber B. Conable
President
The World Bank
1818 H. Street, N.W.
Washington D.C., 20433

3 March 1988

Dear Mr Conable,

Thank you very much for your letter of 5 February 1988. I deeply appreciate your encouragement and support of WHO in the global fight against AIDS.

The global mobilization against AIDS has produced demands for WHO support which are even greater than expected. New ground is being broken every day in terms of the unprecedented international cooperation that is evolving to meet the scope of the AIDS pandemic, the health, social and economic dimensions of the problem, and the need for a unified approach that makes optimum use of the broad range of scientific, public health and socioeconomic resources required for the prevention and control of this worldwide problem.

At the Fourth Meeting of Participating Parties for the Prevention and Control of AIDS in November 1987, I suggested that an alliance be forged between WHO and UNDP to combat AIDS, combining WHO's strength in health policy and technical and scientific matters and that of UNDP in development, as well as the UNDP resident representatives' responsibilities for coordinating the UN system's operational activities for development in the countries of their assignment. At that time, I reiterated WHO's strong interest in a closer association with the World Bank in the global struggle against AIDS. Your letter, reciprocating that interest, is therefore doubly welcome.

We envisage five areas in which, in conformity with WHO's global strategy for AIDS prevention and control, the World Bank's collaboration would be most fruitful:

1. Financial support for the global activities of the programme;

2. Technical support regarding the economics and demography of AIDS;

3. Support for the health sector and its long-term efforts to combat AIDS through a pro-active lending policy;

/...

4. Financial support for the implementation of national AIDS control programmes in developing countries; and

5. The engagement of the consultative group mechanism to strengthen coordination in countries where such mechanisms play the central role in donor coordination.

I have requested Dr Jonathan Mann, Director of WHO's Global Programme on AIDS, in collaboration with Mrs Ingar Bruggemann, Director, Programme for External Coordination, to pursue discussions with your representatives on these points and any others that you might wish to raise.

May I reiterate my thanks for your strong support of WHO and readiness to collaborate closely in the global fight against AIDS.

Looking forward to seeing you soon at Bellagio III.

Best wishes,
Halfdan.

Sincerely yours,

H. Mahler, M.D.
Director-General

WORLD HEALTH ORGANIZATION
ORGANISATION MONDIALE
DE LA SANTÉ
CH-1211 GENÈVE 27, Suisse

THE WORLD BANK/INTERNATIONAL FINANCE CORPORATION

OFFICE MEMORANDUM

DATE February 4, 1988

TO Mr. Barber B. Conable

THRU Mr. W. David Hopper

FROM V. Rajagopalan

EXTENSION 33419

SUBJECT Letter to the Director-General, WHO, Concerning AIDS

As was discussed during our meeting on January 15, 1988, we are collaborating closely with WHO's Special Programme on AIDS (SPA). The program was in existence for a year on January 31, and we feel it timely for the Bank to congratulate WHO for establishing the SPA and for the successes of its initial year. The attached letter to Dr. Mahler, for your signature, would convey these congratulations and reiterate the Bank's willingness to collaborate closely with WHO in assessing and coping with the AIDS challenge.

Attachment

THE WORLD BANK
Washington, D.C. 20433
U.S.A.

BARBER B. CONABLE
President

February 5, 1988

Dr. Halfdan Mahler
Director-General
World Health Organization
1211 Geneva 27
SWITZERLAND

Dear Dr. Mahler:

January 31, 1988, marked completion of the first year of operation of WHO's Special Programme on AIDS. WHO, and the international community more generally, can take pride in the many accomplishments of this initial, very active period for the SPA. My colleagues here at the Bank who deal with health join me in congratulating you, Dr. Mann and the SPA staff on the successful mobilization of international concern and effort to deal with the escalating threat of AIDS.

In my address to the World Bank's Board of Governors last September, I stated the Bank's willingness and desire to collaborate fully with WHO in dealing with the global AIDS problem. Dr. Anthony Measham, the Bank's Health Adviser, represented those same views to the Fourth Meeting of Participating Parties on the AIDS Programme in Geneva in November 1987, and I would like, in this letter, explicitly to reiterate that willingness.

In a number of our member countries, as you know, there is at least the possibility that the AIDS epidemic will massively disrupt development efforts; even short of that, the cost of dealing with AIDS could generate significant fiscal problems for many of our Borrowers. These economic outcomes amplify the human tragedy of the epidemic. In response to these economic concerns, and because of the possibility that, in many countries, the World Bank may become a major source of external finance for AIDS prevention and control efforts, we are devoting increasing staff effort to analysis of the AIDS problem. Much of that effort -- particularly concerning the economic and demographic aspects of AIDS -- is being undertaken in direct collaboration between members of the Bank's staff and the SPA, and I hope that this joint effort can be continued in the future.

Dr. Measham and Mrs. Ann Hamilton, the Director of our Population and Human Resources Department, have given me a very positive report on the recent health ministers' summit meeting on AIDS in London. I understand that useful conversations with Mrs. Ingar Bruggemann, Dr. Jonathan Mann, and other members of your staff on that occasion will be followed up later this month with further discussions of progress to date on our efforts to support the SPA as well as future directions. In particular, it may be useful to discuss:

- future joint analytical efforts concerning the economics and demography of AIDS; and, more generally,

- how to assure that the Bank is able to contribute maximally to SPA efforts, both in our capacity as a financier and through our role in the development community.

In closing, I would like to express once again the Bank's appreciation for WHO's initiative with the SPA, our admiration for the success of the first year's effort, and our willingness to support and collaborate fully with your efforts.

Looking forward to seeing you at Bellagio III in March,

Sincerely,

Barber B. Conable
President

bcc: Messrs. Hopper and Rajagopalan; Mrs. Hamilton
Mr. Harbison, Ms. Husain, Mr. Jamison, Dr. Measham, Mr. ter Weele, Mr. McGreevey, Mr. Psacharopoulos, Mr. Shakow, Mr. Siebeck
Messrs. Over, Bulatao

DJamison/ck/sa