

WHO priorities

- Development of pregnancy care programs
- Reproductive environmental health

Setting

- 90 % of pregnancies and deliveries in the world lack fundamental medical care
- Ethiopia 1 in 10 chance to die as a result of pregnancy
- Of the 1.3 billion poorest people in the world 70 % are women
- Women are caught in the cycle of malnutrition and disease
- Gender bias in health care in general

Setting II

- 123 million births in 2000
- 90 % in developing countries with 80 % of the population
- How many unsafe abortions?
- The main factor affecting fertility is the change in socio-economic conditions

Setting III

- Relevant indicators of pregnancy outcomes in developing countries similar to England in the 1930's
- Causes of bad outcomes in developing countries the same as before the antibiotics and oxytocins

Setting IV

- In post-cold-war Europe we face up to 5 times differences in indicators for pregnancy and childbirth
- Average risk for maternal mortality in developing countries 1/10 – 1/60
- In Western Europe 1/5000 – 1/10 000

Mortality

- 7-8 million perinatal deaths yearly
- Stillbirths?
- Target by Millennium Developmental Goals: Reduce by 2/3 the under-five-mortality ratio and ¾ the maternal mortality ratio

What is important

- No need for advanced technology
- Basic hygiene
- Trained health workers
- Simple technology
- Clean water

Pregnancy care

- Pregnancy care programs with trained personnel
- Delivery supervised by midwives or trained doctors/nurses
- Access to emergency service
- Newborns need feeding, hygiene, adequate temperature
- A small proportion of children need special care for illness or low birth weight

The simple problem

- The common denominator for the majority of deaths is the lack of appropriate and quality service, confounded by poverty

Problems inside countries

- Differences between urban and rural areas
- The Russian Federation special problem north-south and urban - rural

Why so slow process?

- The special nature of pregnancy and childbirth compared to endemic diseases and nutrition
- Very labour-intensive in nature
- Need for complex acute service day and night
- Poverty
- Distance to health facilities
- Inadequate transportation
- Millions of preventable deaths every year

What can we expect?

- Some developing countries have already achieved good progress – Sri Lanka
- Political commitment
- Gradually more investment in pregnancy care programs and child care programs even in poor countries – question of priority
- No need to wait for the poverty solution!

Modern perinatal medicine

- Prevention
- Early detection
- Treatment of malformations and genetic diseases
- Family planning
- Nutrition
- Treatment of infections

Nutrition

- Fundamental for a good pregnancy
- 570 million women suffer from anemia
- Undernutrition in-utero give high risk for cardiovascular disease and diabetes in adult life
- Nutrition of the fetus reflects the nutrition of the mother throughout life
- Treatment of malnutrition first stage in development of pregnancy care programs

Birth weight

- Crude summary of fetal experience
- 15 % of babies weigh <2500 g at birth
- Many developing countries 1/3 are <2500 g
- Probably less than 1/3 are weighed at birth
- In industrialized countries opposite problem-obesity

Simple measures?

- Iodine supplements – reach 70 % of households in affected countries
- Micronutrient supplementation to basic food – rice, sugar

Not so simple measures

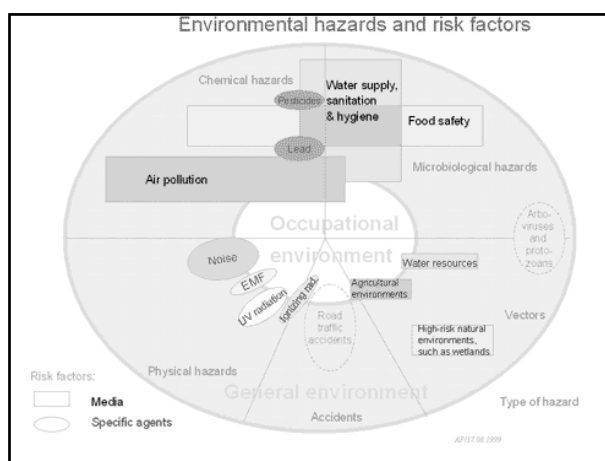
- Treatment of malaria
- Largest killer of children in Africa
- Together with AIDS 1/3 of deaths <5 years
- The majority of newly infected with HIV <24 years
- Prevention works – Thailand

Fashions of interventions

- Epidemic of Caesarean section
- Fair of doing mistakes – litigation
- Sex-selection –India
- Worldwide up to 100 million girls missing
- Sex-selective abortions, neglect of health and nutritional needs
- Systematic breach of human rights

What is a good intervention?

- Must be built on the countries own resources and culture
- Networks of good colleagues
- Pregnancy and birth is not a disease, it is should be a human right



Environment and health (WHO)

- Environmental health comprises those aspects of human health, including quality of life, that are determined by physical, chemical, biological, social, and psychological factors in the environment. It also refers to the theory and practice of assessing, correcting, controlling, and preventing those factors in the environment that can potentially affect adversely the health of present and future generations

Attributable environmental risk

- The part of a special disease category that could be eliminated if the environmental risk factor was reduced to a lowest possible level
- Might be basic information for cost-effective interventions

The most important global diseases with relation to environment

- Acute respiratory diseases
- – Inhouse climate
- – Leaded gasoline
- Diarrhoea
- – Sanitary conditions
- – Hygiene
- – Clean water
- – Food safety

WHO's priorities

- Biggest challenge is the waste of natural resources and production of garbage
- People living in rural areas and suburbs of the big cities have the greatest environmental risk – cumulative effect of bad housing, crowded houses, bad water supply, bad nutrition, bad sanitary conditions, polluted air and water, high accident rates

WHO II

- Bad environmental conditions directly responsible for ca 25 % of all diseases those could be prevented
- Diarrhoea and respiratory infections on top
- Child health most vulnerable, especially in utero

WHO III

- Health sector a special responsibility for basic political decisions in the border zone health, environment and sustainable development
- WHO Health-for-all Policy for the 21st Century