VISION AND THREATS

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• I have no personal, financial or other conflict of interest to declare with regard to this presentation.
VISION

HOW TO THINK ABOUT GLOBAL HEALTH WITHIN A HUMAN RIGHTS and SUSTAINABLE DEVELOPMENT GOALS (SDG) FRAMEWORK

(HEALTH AS A HUMAN RIGHT IS A DISRUPTIVE AND TRANSFORMATIVE IDEA)

- STRATEGICALLY
- OPPORTUNISTICALLY
- ETHICALLY
Reproductive Justice:

- A commitment to three core values:
  
  - The right of every human being to have a child
  
  - The right of every human being to not have a child
  
  - The right of every human being to parent a child with dignity, and in a safe and supportive environment
Definitions

Reproductive Rights + Social Justice = Reproductive Justice
Continuum of women’s reproductive lives:

- Get period
- Become sexually active
- Contraception
- Abortion
- Miscarriage
- Birth → Parent
- Infertility/assisted reproduction
- Miscarriage
- Abortion
- Menopause
Critical Factors to Improve Women’s (Reproductive Health)

- Evidence Based Clinical Science
- Value Based Care
- Human Resource Capacity
Major causes of maternal mortality in (developing) countries include:

- Ruptured ectopic pregnancy
- Complications of abortion/miscarriage
- Post partum hemorrhage
- Infection -- including HIV
- Obstructed labor (Sepsis and PPH)
- Preeclampsia/Eclampsia
EVIDENCE BASED PRACTICES

- HAART (highly active ART) (O-76 Trial)
- AMTSL (active management third stage labor)
- BI MANUAL COMPRESSION
- TAMPONADE/COMPRESSION SUTURES
- SAFER CESAREAN (Tranexamic acid)
- MAGNESIUM SULFATE (Magpie trial)
- MANUAL VACUUM ASPIRATION (MVA)
- MIFEPRISTONE
- MISOPROSTOL
- SEE AND TREAT/HPV CAPTURE/HPV VACCINE
- BREAST FEEDING
- FAMILY PLANNING - PAC, PostPartum, LAC, non-contraceptive benefits
- CARE BUNDLES – PPH, MASSIVE TRANSFUSION, HYPERTENSION
- BLOOD BANKING, INFECTION, HUMAN CAPACITY
REDUCTION OF MATERNAL-INFANT TRANSMISSION OF HUMAN IMMUNODEFICIENCY VIRUS TYPE 1 WITH ZIDOVUDINE TREATMENT

EDWARD M. CONNOR, M.D., RHODA S. SPERLING, M.D., RICHARD GELBER, PH.D., PAVEL KISELEV, PH.D., GWENDOLYN SCOTT, M.D., MARY JO O’SULLIVAN, M.D., RUSSELL VANDYKE, M.D., MOHAMMED BEY, M.D., WILLIAM SHEARER, M.D., PH.D., ROBERT L. JACOBSON, M.D., ELENA JIMENEZ, M.D., EDWARD O’NEILL, M.D., BRIGITTE BAZIN, M.D., JEAN-FRANCOIS DELPRAIS, M.D., MARY CLOUBE, M.S., ROBERT COOMBS, M.D., PH.D., MARY ELDERS, M.S., JACK MOORE, M.D., PAMELA STRATTON, M.D., AND JAMES BALSLEY, M.D., PH.D.,
FOR THE PEDIATRIC AIDS CLINICAL TRIALS GROUP PROTOCOL 076 STUDY GROUP*

Abstract Background and Methods. Maternal-infant transmission is the primary means by which young children become infected with human immunodeficiency virus type 1 (HIV). We conducted a randomized, double-blind, placebo-controlled trial of the efficacy and safety of zidovudine in reducing the risk of maternal-infant HIV transmission. HIV-infected pregnant women (14 to 34 weeks’ gestation) with CD4+ T-lymphocyte counts above 200 cells per cubic millimeter who had not received antiretroviral therapy during the current pregnancy were enrolled. The zidovudine regimen included intrapartum zidovudine (100 mg orally five times daily), intrapartum zidovudine (2 mg per kilogram of body weight given intravenously over a one-hour period, then 1 mg per kilogram per hour until delivery), and zidovudine for the newborn (2 mg per kilogram orally every six hours for six weeks). Infants with at least one positive HIV culture of peripheral-blood mononuclear cells were classified as HIV-infected.

Results. From April 1991 through December 20, 1993, the cutoff date for the first interim analysis of efficacy, 477 pregnant women were enrolled; during the study period, 409 gave birth to 415 live-born infants. HIV-infection status was known for 363 births (180 in the zidovudine group and 183 in the placebo group). Thirteen infants in the zidovudine group and 40 in the placebo group were HIV-infected. The proportions infected at 18 months, as estimated by the Kaplan-Meier method, were 8.3 percent (95 percent confidence interval, 3.9 to 12.4 percent) in the zidovudine group and 25.5 percent (95 percent confidence interval, 18.4 to 32.5 percent) in the placebo group. This corresponds to a 67.5 percent (95 percent confidence interval, 40.7 to 82.1 percent) relative reduction in the risk of HIV transmission (2 = 4.03, P = 0.00006). Minimal short-term toxic effects were observed. The level of hemoglobin at birth in the infants in the zidovudine group was significantly lower than that in the infants in the placebo group. By 12 weeks of age, hemoglobin values in the two groups were similar.

Conclusions. In pregnant women with mildly symptomatic HIV disease and no prior treatment with antiretroviral drugs during the pregnancy, a regimen consisting of zidovudine given ante partum and intra partum to the mother and to the newborn for six weeks reduced the risk of maternal-infant HIV transmission by approximately two-thirds. (N Engl J Med 1994;331:1173-80.)
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- SEE AND TREAT/HPV CAPTURE/HPV VACCINE
- BREAST FEEDING
- FAMILY PLANNING - PAC, PostPartum, LAC, *non-contraceptive benefits*
- CARE BUNDLES – PPH, MASSIVE TRANSFUSION, HYPERTENSION
  -BLOOD BANKING, INFECTION, HUMAN CAPACITY

Margaret C. Hogan; Kyle J. Foreman; Mohsen Naghavi; Stephanie Y. Ahn; Mengru Wang; Susannah M. Makela; Alan D. Lopez; Rafael Lozano; Christopher J. L. Murray

Summary
Background Maternal mortality remains a major challenge to health systems worldwide. Reliable information about the rates and trends in maternal mortality is essential for resource mobilisation, and for planning and assessment of progress towards Millennium Development Goal 5 (MDG 5), the target for which is a 75% reduction in the maternal mortality ratio (MMR) from 1990 to 2015. We assessed levels and trends in maternal mortality for 181 countries.
MATERNAL MORTALITY WORLDWIDE, 2008

• Estimated numbers: 342,900
  Down from 526,300 in 1980
• Annual rate of decline in maternal mortality ratio since 1990: 1%
• Global MMR in 2008: 251 per $10^5$ live births

Hogan. Lancet 2010; 375:1609
DEADLY HALF-DOZEN

More than 50% of all deaths occur in just 6 countries:

- India
- Nigeria
- Pakistan
- Afghanistan
- Ethiopia
- DR Congo
VALUE BASED CARE

- Value based obstetric services (includes FP)
- Value based miscarriage and abortion services (medical and surgical) (includes FP)
- Value based fertility services (includes FP)
High value care
IMPLEMENTATION SCIENCE: EVIDENCE BASED PRACTICES TO IMPROVE GLOBAL WOMEN’S HEALTH
EVIDENCE BASED PRACTICES

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THE CARNEGIE ACOG/RCOG POSTGRADUATE TRAINING PROGRAM IN GHANA 1989-

HUMAN CAPACITY BUILDING

EVIDENCE BASED IMPLEMENTATION PROGRAMS REQUIRE AN OPERATING SYSTEM
Ghana Postgraduate Ob/Gyn Training (Residency)

• Established 1989 (Carnegie Corporation, RCOG, ACOG as External ADVISORY Committee and GHANA MANAGEMENT Committee) – Ghana “picks” best from other models and adapts to local history & culture
• 5 Year Curriculum
• Goal: FWACS Certification as qualification
• All initial trainees spent 10-12 weeks in the UK or US in their last year to complete their exposure to contemporary, (high income country) world practice
• Since 1993 most exchanges have been with UM – with 2 residents per year average from each of the two teaching hospitals (UGMS or KNUST), continuing to present
Program Outcomes

- As of August 2017, **246** specialists have completed the program and been certified by WACS or GCPS, and **238** have remained in country.

- There are 4 sites for postgraduate training approved by GCPS (UDS Tamale and 37 Military Hospital in Accra) up from 2.

- >120 peer reviewed research articles have been published (often collaborative research).

- Three major textbooks have been written:
  - Comprehensive Obstetrics in the Tropics (2nd edition 2015)
  - Comprehensive Gynecology in the Tropics
  - Comprehensive Family Planning and RH in the Tropics

- There are now 6 medical school in Ghana, up from 2.

- Chairs of all 6 OB GYN departments are graduates of the program as is the Dean at UGMS SPH, the past Dean KNUST SMS, the Commanding General of the 37th Military Hospital, and the President and CEO of the Family Health Medical School.

- Family Planning Fellowship (8 trained), Gyn Oncology (3 trained), Urogyn (1 trained) and MFM Fellowships begun. IVF/ART is available at 4 centers ($400 dollars in Kumasi).
COMPREHENSIVE REPRODUCTIVE HEALTH AND FAMILY PLANNING IN THE TROPICS

Inaugural Fellows: D.Z. Kobilla, E.S.K. Morhe, E.T. Maya, K. Mumuni
International Family Planning Fellowship Program: Advanced Training in Family Planning to Reduce Unsafe Abortion

By Vanessa K. Dalton, Xiao Xu, Patricia Mullan, Kwabena A. Danso, Yao Kwawukume, Kofi Gyan and Timothy R.B. Johnson

Maternal mortality remains a huge problem in the developing world, especially in Sub-Saharan Africa. According to the World Health Organization, efforts intended to decrease maternal deaths need to recognize and address unsafe abortions as a significant contributor to the high rates of maternal mortality found in developing countries. In Africa, where abortions are highly restricted, 680 women die per 100,000 abortions, compared with 0.2–1.2 women per 100,000. Determining whether a woman meets one of these conditions appears to be largely up to the provider, and no special documentation is required for women to procure services.

The continued high rate of unsafe abortion in Ghana since the 1985 law is the result of multiple factors. Previous work suggests that inadequate knowledge about safe abortion services among patients and providers is a major...
Completed program: 246
Retained: 238 (3 moved to Gambia, 1 to US & 4 deceased)
Why did they stay?

LESSONS FROM THE GHANA POSTGRADUATE TRAINING PROGRAM IN OBSTETRICS AND GYNAECOLOGY
(37 of 38 completed specialists, qualitative interview 2002)

IN-COUNTRY TRAINING
ECONOMIC STABILITY AND BRIGHT FUTURE
NATIONAL AND SOCIAL RESPONSIBILITY

Anderson et al. Who will be there when women deliver? Obstet Gynecol 2007; 110:1012
Michigan in Ethiopia

ALSO: THE MYSTERIOUS MICROBIOME | CONNECTING THE DOCS
Increasing Reproductive Health Services

- Dr. Senait Fisseha obtains $3 M grant from CDC anonymous donor for women’s reproductive health (mid 2012)
- Dr. Fisseha coordinates with many in-country partners: Ministries of Health and Education, hospitals
- New ObGyn Residency Training program started in August 2012 at St Paul’s Hospital and Millenium Medical College (SPHMMC) in Addis Ababa
Preamble: This document is a Charter for Collaboration which describes the partnership between groups working in Michigan, USA and Ghana to improve human resources for health funded by the Bill and Melinda Gates Foundation

The Elmina Declaration on Partnerships to address Human Resources for Health

From the Ghana-Michigan Collaborative Health Alliance Reshaping Training, Education & Research (CHARTER) Program

Initiated Elmina, Ghana 2-6 February, 2009

 Adopted Ann Arbor, MI 8-13 November, 2009
II. Conscious of the need to
Share experiences in medical education, research, innovative technology, and leadership among all partners
Develop and share technological and other educational resources efficiently and effectively
Develop resources to optimize and fully utilize education, training, and deployment of HRH
Improve the infrastructure for electronic communication, skills training, and clinical care
Expand the scope of research and translate research results into policy and educational initiatives
Recognize, identify, and involve appropriate HRH workers in the process
Expand and decentralize education and training into peripheral health facilities, district, public, and private
Develop a national government research infrastructure to fund national health research
Articulate principles that guide partnerships to lead to sustainable, mutually beneficial collaboration, namely:

- TRUST
- MUTUAL RESPECT
- COMMUNICATION
- ACCOUNTABILITY
- TRANSPARENCY
- LEADERSHIP
- SUSTAINABILITY
Simple and fairly inexpensive:

- Equitable distribution of assets
- Decent living conditions and nutrition
- Autonomy
- Education
- Access to family planning methods
- Safe birth environments
“Pregnancy-related deaths...are often the ultimate tragic outcome of the cumulative denial of women’s human rights. Women are not dying because of untreatable disease. They are dying because societies have yet to make the decision that their lives are worth saving.’ Simply put, they die because they do not count.”

Prof. Mahmoud Fathalla
VISION

WOMENS RIGHTS ARE HUMAN RIGHTS
THREATS
• TERRORISM
• FUNDAMENTALISM
• COMPARTMENTALISM
New York

SATURDAY, SEPTEMBER 28, 19

GUERRILLAS TAKE AFGHAN CAPITAL AS TROOPS FLEE

EX-PRESIDENT IS HANGED

First Move by Islamic Rebels Is to Set Curbs on Women
— City Remains Quiet
Afghan women face strict code
Rebel rulers close girls’ schools
Gunmen Kill Afghan Official Who Backed Women’s Rights

By CARLOTTA GALL

KANDAHAR, Afghanistan, Sept. 25 — A senior Afghan official specializing in women’s rights was gunned down here on her way to work on Monday morning by suspected Taliban gunmen. It was the highest-level assassination of a woman in Afghanistan in the five years since the Taliban were ousted from power.

Safia Amajan, 65, had served as chief of the women’s affairs department in Kandahar Province for five years, working for women’s rights and education and vocational training. A former teacher and high school principal, she was well known and much liked in Kandahar.
Pakistani Activist, 15, Is Shot by Taliban

By ROBERT MACKEY

Agence France-Presse — Getty Images Pakistani soldiers moved Malala Yousafzai, 14, to an army hospital in Peshawar after she was attacked by militants in the Swat Valley on Tuesday.
Assassination attempt on anti-rape doctor raises fears for aid workers in Congo

Dr. Dennis Mukwege recently spoke out at the United Nations General Assembly about the prevalence of rape in the war-torn Democratic Republic of Congo.

By Fredrick Nzwili, Correspondent / October 28, 2012

A Congolese doctor praised for aiding female rape victims survived an assassination attempt and on Saturday was evacuated amid growing safety concerns for aid workers and rights activists in the Democratic Republic of Congo (DRC).
By RUKMINI CALLIMACHI

QADIYA, Iraq — In the moments before he raped the 12-year-old girl, the Islamic State fighter took the time to explain that what he was about to do was not a sin. Because the preteen girl practiced a religion other than Islam, the Quran not only gave him the right to rape her — it condoned and encouraged it, he insisted.
Is the Future of ISIS Female?

Women are playing an increasingly important role in the insurgency — and security forces are not prepared.

By Vera Mironova
Ms. Mironova is a visiting fellow at Harvard University who has embedded with the Iraqi Special Operations Forces.

Feb. 20, 2019

MOSUL, Iraq — Sitting in a room in a burned-out house here in 2017, a group of Iraqi Special Operations Forces soldiers and I watched with surprise as two Islamic State fighters appeared on the live video feed of a security camera. The two fighters were preparing to fire a rocket-propelled grenade in our direction. But instead of the usual bearded men with long hair, the fighters, clad in black abayas and niqabs, appeared to be women.
What is the legal status of IS bride Shamima Begum?

Shamima Begum - the schoolgirl who fled London to join the Islamic State group in Syria - has been stripped of her UK citizenship after expressing a desire to return.

It is only possible to strip someone of their UK nationality if they are eligible for citizenship elsewhere - and it is thought Ms Begum could be a Bangladeshi citizen because she was born to a mother believed to be Bangladeshi.

However, Bangladesh’s ministry of foreign affairs has said Ms Begum is not a Bangladeshi citizen and there is “no question” of her being allowed into the country.

Is she entitled to Bangladeshi citizenship?

What are the rights of her child?

Home Secretary Sajid Javid has suggested that the decision to remove Ms Begum’s UK citizenship will have no impact on her baby son’s nationality.
Abortion Provider Is Shot Dead

George Tiller, Attacked at His Church, Had Long Been a Focal Point of Protests

By STEPHANIE SIMON and MIGUEL BUSTILLO

George Tiller, one of the few doctors in the nation to perform late-term abortions, was shot and killed at his church Sunday in Wichita, Kan., where for decades he operated an abortion clinic that drew women from across the world.

Police detained Scott Roeder about three hours after the shooting, said Johnson County sheriff’s spokesman Tom Erickson, according to the Associated Press.
Being a doctor who performs abortions means you always fear your life is in danger

Threats and violence are no way to disagree

Every few months, I do an Internet search for my name, as recommended by a media-savvy colleague. In the past I’ve found myself in all the predictable places — among a list of doctors who graduated from my residency program, on my employer’s Web site, in various social-media posts. But in the stillness of a warm evening this past August, after putting my daughter to bed, I found myself in a new and terrifying place: an anti-choice Web site that claims I am part of an “abortion cartel.” In addition to my office address and links to find my medical license numbers, it features several photos of me. In one of the photos, taken from social media, I’m holding my then-15-month-old daughter.
THREATS

• TERRORISM
• FUNDAMENTALISM
• COMPARTMENTALISM
Fundamentalism

- Religious/cultural
- Anti-scientific
Cairo’s litigious cleric

Onetime preacher makes waves fighting secularism in court

By MAHJAM FAN
 Cairo, Egypt

A MID A WIDENING cultural war between secular and fundamentalist Muslims, a conservative cleric here is pushing his own courtroom offensive against everything he deems un-Islamic.

More than a decade ago, Yusuf El-Badry—religious scholar, former parliamentarian and onetime mosque preacher in New Jersey—pioneered the practice of suing ministers, poets, academics and religious scholars in Egypt’s courts to promote his strict interpretation of Islam. The approach was simple and often effective: use Egypt’s legal system, which is based on Western and Islamic law and is mostly independent, to counter what he sees as a dangerous wave of secularism.

His most famous victory was a 1995 court ruling ordering a university professor, whom he called an apostate, to divorce his wife. After that case made headlines around the world, the government pushed through legal changes to make similar cases harder to pursue.

to court to contest a government ban on female circumcision, a popular practice here. Meanwhile, a recent libel ruling in his favor has Cairo’s intellectual elite up in arms.

“Going to court is the only means I have to weed out bad deeds,” Mr. El-Badry says. “A judge’s pencil is the best and most powerful way to do so.”

He got an early start in the Islamist cause. At a young age, he participated in a protest against the then king of Egypt to object to the marriage of the king’s sister to a Christian. In the late 1970s, he used his po-
The Catholic Church is telling people in countries stricken by Aids not to use condoms because they have tiny holes in them through which HIV can pass - potentially exposing thousands of people to risk.

The church is making the claims across four continents despite a widespread scientific consensus that condoms are impermeable to HIV.

A senior Vatican spokesman backs the claims about permeable condoms, despite assurances by the World Health Organisation that they are untrue.
Condoms still contentious in Uganda’s struggle over AIDS

Uganda’s recall of several faulty loads of condoms last year seems to have set the country on a dangerous downward trend. Previously impressive drops in HIV infection rates are starting to be reversed, while the president is pushing to drop the “C” from ABC. Wairagala Wakabi reports.

The survey indicates that infection is shifting from the youth to adults aged between 30 and 40 years. Average national prevalence is 6-4%, slightly up from 6-2% just over a year ago. Prevalence rates have traditionally been higher among younger people, so the new trend has baffled health workers. There are at least 1-4 million Ugandans living with HIV.

"Infection is high among adults now and we must ask ourselves why", says Vice President Gilbert Bukenya, a medical professor. He says for starters the issue of condom use needs to be reviewed as the country seeks explanations for the rising prevalence rates. “The issue of condoms was

Uganda’s president wants to take the “C” for condom out of the ABC AIDS-prevention strategy
Religious/cultural

- HIV and ABC
- Plan B
- HPV vaccine
- FGM
- Teen sexuality
- Women’s Roles
Science Denial

• HIV / AIDS
Many people argue that the response to HIV/AIDS in South Africa has been hampered by ‘AIDS denialism’, a minority scientific movement that refutes the orthodox idea that HIV causes AIDS. Some leading figures in South Africa have flirted with this school of thought, much to the dismay of AIDS activists. President Mbeki has consistently refused to acknowledge that HIV is the cause of AIDS; he argues that HIV is just one factor among many that might contribute to deaths resulting from immunodeficiency, alongside others such as poverty and poor nutrition:

“Does HIV Cause AIDS? Can a virus cause a syndrome? How? It can’t, because a syndrome is a group of diseases resulting from acquired immune deficiency. Indeed, HIV contributes, but other things contribute as well.”

Although Mbeki has never declared outright that he rejects the link between HIV and AIDS, he has continually inferred as much through statements such as this. He has also failed to publicly state that he believes HIV to be the cause of AIDS.

While international scientific consensus holds that antiretroviral medication is an effective treatment for HIV, Mbeki has claimed that it is harmful and unsafe. Drug companies, he argues, have exaggerated the importance of ARV treatment in order to further their profits.
Manto Tshabalala-Msimang.
Sometimes referred to as "Dr. No" because of her stubbornness regarding antiretroviral treatment, South African Health Minister Manto Tshabalala-Msimang is notorious for her controversial views and slow action in most areas of HIV/AIDS prevention, treatment and care.

Tshabalala-Msimang was installed as health minister in President Thabo Mbeki's Cabinet in June 1999 and soon gained a reputation for her alternative — some would say dissident — views on HIV/AIDS.

Tshabalala-Msimang has consistently supported Mbeki's views on HIV/AIDS, including his distrust of the widely supported antiretroviral drug AZT in 1999 and his questioning of conventional HIV/AIDS science in 2000.

She has championed a diet of raw garlic, lemon peel, olive oil and beetroot to fight HIV, and has often questioned the use of antiretrovirals because of their side-effects, despite their proven efficacy.
• HAART – We have known the benefit to women and children since 1994. (0-76 trial)
• HAART – since 2009 there has been federal support for HAART for PWTC (PMTC) in all of the states of South Africa

• Since 2009 there has been a yearly increase of over 50% in the number of people accessing HAART

• Since 2009 over 61% of pregnant women in SA are receiving HIV counseling and testing.
Science Denial

- HIV/AIDS
- Plan B
- Embryonic Stem Cells
- Intelligent Design
- Global Warming

(www.sefora.org)
• TERRORISM
• FUNDAMENTALISM
• COMPARTMENTALISM
Compartmentalism

REPRODUCTIVE HEALTH does not equal WOMEN’S HEALTH
Compartimentalism

- PMTCT → PWTCT
- Post partum/FP/pap
- Lifespan epidemiology (menopause, GDM → DM)
Compartmentalism

• Care
• Funding
Compartmentalism

FORM follows FUNDING
Critical Factors to Decrease Maternal Mortality and PROTECT WOMENS HEALTH

- Evidence base practice
- Value based practice
- HUMAN RESOURCE CAPACITY
- Political will
- Role of women
- Education
- Financial commitment
- Community participation
“The thing about reproduction is that, more than anything else, it tells you how a society values people.”

• Dorothy Roberts, 2001
VISION

WOMENS RIGHTS ARE HUMAN RIGHTS
“I want us to be judged by the impact we have on the health of the people of Africa and the health of women...Improvements in the health of Africa and the health of women are key indicators of the performance of WHO”

-Dr Margaret Chan, Director-General of WHO to the World Health Assembly, 9 Nov 2006
Isis shuts down women's clinics in Raqqa to prevent male gynaecologists treating female patients

Activist networks report doctors are being threatened with death, and most have fled

Adam Withnall | @adamwithnall | Friday 30 October 2015

Isis is believed to have ordered the closure of all women’s clinics supervised by male doctors in its Syrian heartlands in its latest assault on the rights of women.

A culture of rape, forced marriages for child brides, the persecution of doctors and the exclusive use of medicines for militants have resulted in a crisis for women’s health under Isis’s brutal regime.

According to activists, Isis has drastically restricted the work of male gynaecologists in accordance with its leaders’ belief that men and women should be kept apart at all costs.

Raqqa Is Being Slaughtered Silently, the rights group which this year won the CPJ International Press Freedom Award, has reported threats and harassment towards doctors in the city on Wednesday night.
High value surgery