Memorandum

Date June 28, 1983

From George L. Rubin, M.B., F.R.A.C.P., Acting Chief, Epidemiologic Studies Branch, Division of Reproductive Health (DRH), Center for Health Promotion and Education

Subject Foreign Trip Report (AID/RSSA): Manila, Philippines May 7-16, 1983

To William H. Foege, M.D.
Director, Centers for Disease Control

Through: Dennis D. Tolsma
Acting Director, CHPE

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I. SUMMARY
From May 9-12, 1983, I attended the meeting of the Expert Committee on the Safety of Voluntary Surgical Contraception (VSC) for the World Federation of Health Agencies for the Advancement of Voluntary Surgical Contraception (WFHA)(AVS). During the 3 day meeting the committee developed and wrote policy recommendations on the following issues related to voluntary surgical contraception:

1. Preoperative medical evaluation and postoperative followup
2. Variations in vasectomy techniques
3. Safety issues of specific surgical techniques
4. Anesthesia, asepsis, and emergency procedures
5. Morbidity and mortality monitoring and supervision systems

These policy recommendations will be distributed to other committees of WHFA before distribution to service agencies in the member countries of WHFA.

On May 13-14, 1983, I met with personnel from the University of the Philippines, Department of Epidemiology and Biostatistics and the Philippines General Hospital to discuss a research proposal concerning the relationship of acute pelvic inflammatory disease to contraceptive method use in the Philippines. This proposal was developed by the Philippino group who attended the Bangkok Workshop on the Epidemiologic Approach to Contraceptive Safety Studies (see trip report--Zahniser C, Rubin GL, Huezo CM., Bangkok, February 3, 1983). I discussed with them
ways to improve the proposal for its second draft and explored possible funding sources for the project with the group. A revised research proposal will be written by Ms. Ophelia Saniel and Dr. Julitetta de la Cruz. This manuscript then will be submitted to the Population Commission in Manila for consideration for funding. DRH, Centers for Disease Control (CDC) proposes to continue providing technical assistance to the project as necessary.

II. DATES AND PLACE OF TRAVEL
Manila, Philippines October 8-16, 1983.

III. PURPOSE
The WFHA is an international health organization consisting of national and regional leadership organizations dedicated to including VSC within basic health services. The goals of the organization are: (1) To advance the inclusion of high quality VSC services as a basic component in family planning and medical programs throughout the world, (2) to develop and maintain a leadership network among interested health agencies whose collective voice can influence national and international policies and programs, (3) to examine, compare and communicate internationally, the social, professional, educational, legal, scientific, and service-delivery issues involved in providing VSC. One of the major activities of the WFHA is to develop and disseminate policies and guidelines on issues related to VSC including standards for services, education, training, data collection, equipment maintenance, and medical surveillance.

The purpose of this expert committee was to develop safety standards including preoperative medical evaluation, postoperative follow-up, variations in vasectomy techniques, specific female surgical techniques, anesthesia, asepsis, emergency procedures, and monitoring of morbidity and mortality related to VSC. This committee was an ad hoc committee charged with responsibility of developing guidelines on the above safety issues. These policy guidelines, after editing and revision, will be presented to other program committees of WFHA before distribution to member agencies of WFHA to use as service guidelines.

At the October workshop on the use of epidemiologic methods in contraceptive safety studies held in Bangkok, the group from the Philippines developed a research proposal to study the relationship of acute pelvic inflammatory disease (PID) and contraceptive use. Despite enthusiasm of personnel of the Department of Epidemiology and Biostatistics, Institute of Public Health, University of the Philippines, to implement this study, they have been unable to identify funds to support the project. My purpose in meeting with the group of researchers was to: a) Assist them improve the quality of the research proposal, b) discuss possible funding alternatives for the project.

IV. ACCOMPLISHMENTS
The agenda for the Expert Committee on the Safety of VSC is presented in Appendix B. On the first morning there was general discussion of the issues to be addressed by each of the specific task forces. In the afternoon the committee broke into four task forces (Appendix B) to begin
their deliberations and identification of problems. On the afternoon of May 9, I made a presentation to task force No. 4 on "Monitoring and Supervision." The moderator of this session was Dr. Atiqur Rhaman Khan and the co-moderator, Dr. Mahmoud Fathalla. Appendix D shows the outline of the presentation. Other presentations concerning the monitoring and supervision of VSC were made by Drs. Wilson, Santpur, and Hussein. On Tuesday, May 10, I spent the entire day with task force No. 4 participating in the discussion, development and writing of recommendations for systems to monitor morbidity and mortality related to VSC. On Wednesday, May 11, at a meeting of the entire expert committee, each task force presented its specific recommendations:

Task Force #1--"Preoperative evaluation, postoperative followup, and variations in vasectomy techniques"
Task Force #2--"Safety Issues of Specific Female Surgical Techniques"
Task Force #3--"Anesthesia, Asepsis, and Emergency Procedures"
Task Force #4--"Monitoring and Supervision"

Individual recommendations developed by each task force were discussed in detail by the whole committee. A first draft of a document laying out the recommendations of each of the four task forces was prepared. It was proposed that this draft be circulated to all members of the expert committee after editing by the WFHA staff. The document will then be circulated to other WHFA committees before publication and distribution to WFHA associated agencies.

On Friday, May 13, 1983, I met with Ms. Ophelia Saniel and Dr. Julieta de la Cruz to discuss their proposal for a case control study of the association between acute PID and contraceptive method use. These two women were a part of the group from the Philippines who, at a workshop on contraceptive safety studies held in Bangkok in October 1982, had developed the first draft of this proposal. We discussed ways to improve the proposal for its second draft.

As there are no incidence data on PID for the Philippines, we discussed the feasibility of performing an ancillary descriptive study of PID in the metro Manila area. This study would use hospital discharge data for the year 1982. The proposed case-control study is similar in design to the Women's Health Study, conducted under the auspices of National Institutes of Health in the United States, from 1976-1978.

Based on CDC's experience with analysis of data from this study, I was able to make further suggestions as to how they could improve the proposal. Despite the enthusiasm of the Institute of Public Health to conduct this study, they have been unsuccessful in attempts to obtain funding for it. I indicated that I would do what I could to assist them in obtaining funds for both the descriptive and case control study of PID.

On May 14, I met with John Dumm, Chief Officer, Health Population and Nutrition, USAID, Manila. We discussed possible funding mechanisms for the PID study. Mr. Dumm recommended that Ms. Saniel and Dr. De la Cruz
contact the Population Commission in Manila for funding of the project. The contact persons recommended were Ms. F. Dumlau and Ms. L. Nartates. He offered his personal assistance in helping to secure funds if necessary and suggested that I contact Dr. Jim Shelton, USAID, Washington, concerning possible funding.

V. RECOMMENDATIONS

(1) DRH/CDC should continue collaborating with WFHA and other national and international organizations concerned with delivery of effective, safe VSC services in developing guidelines for the delivery of these services and in particular for the monitoring of the safety of the procedures.

(2) DRH/CDC should, through WFHA, to those countries who request it, offer technical assistance in setting up surveillance systems to monitor the safety of VSC procedures according to the proposed WFHA guidelines.

(3) The proposal, "A case-control study on the association between acute PID and contraceptive use" should be revised by researchers from the Institute of Public Health, University of the Philippines, with the assistance of DRH/CDC and then be submitted for submission for funding. Meantime, possible funding sources should be explored by personnel of the Institute of Public Health, University of the Philippines, and DRH/CDC.

(4) DRH/CDC should continue to offer technical assistance as necessary in the implementation and analysis of PID study.

George L. Rubin, M.D.
APPENDIX A

IV. CHIEF CONTACTS

WORLD FEDERATION OF HEALTH AGENCIES FOR THE ADVANCEMENT OF VOLUNTARY SURGICAL CONTRACEPTION

AUSTRALIA
Dr. Peter Bayliss
President
Australian Association for Voluntary Sterilization
Brisbane

BANGLADESH
Dr. K. M. Husain
Project Director
Noakhali BAVS Clinic
Noakhali

Russel Vogel
Director
International Programs, Association for Voluntary Sterilization, Asia Regional Office
Dhaka

Dr. Atiqur Rahman Khan
Section Chief
Ministry of Planning
Dhaka

Dr. Azizur Rahman
President, WFHA-AVSC
Bangladesh Assoc. for Voluntary Sterilization
Dhaka

Dr. M. Shamsuzzoha
Regional Medical Supervisor
Bangladesh Assoc. for Voluntary Sterilization
Dhaka

EGYPT
Dr. Tarick Aboul Dahab
Regional Representative
Pathfinder Fund
Cairo

Dr. Mahmoud Fathalla
Secretary General
Egyptian Fertility Care Society
Assiut
INDIA
Dr. C. S. Dawn
Secretary General
National Association for Voluntary Sterilization
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Dr. C. L. Jhaveri
Consulting Ob/Gyn.
Hospital for Women
Bombay

Dr. Suresh Rao S. Santpur
Wanless Hospital, Miraj
Maharastra

INDONESIA
Dr. Biran Affandi
Raden Saleh Clinic
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University of Indonesia
Jakarta

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Korean Institute for Population and Health
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Dr. Francisco Alfaro Baeza
Coordinator of Postgraduate Studies in Gynecology
University of Guadalajara
Guadalajara

NEPAL
Dr. Palitha Abeykoon
Secretary General
WHO Office
Kathmandu
Dr. Tara Bahadur Khatri  
Treasurer  
Family Planning Association  
Kathmandu

PAKISTAN  
Dr. Razia Latif Ansari  
Dept. Ob/Gyn  
Dow Medical College and  
Civil Hospital  
Karachi

PHILIPPINES  
Dr. Ruben Apelo  
Director  
Comprehensive Family Planning Clinic  
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Dr. Braulio de Castro  
Medical Center Manila  
Malate, Manila

Dr. Angelica Infantado  
USAID Medical Adviser  
Manila

Dr. Virgilio R. Oblepias  
President  
Philippines Assoc. for the  
Study of Sterilization, Inc.  
Quezon City

Dr. Emma Robles  
Assistant Director  
National Family Planning Office  
Ministry of Health  
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Ms. Ofelia D. Pardo  
Instructor, Department  
of Epidemiology and Biostatistics  
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Dr. Julieta de La Cruz  
Coordinator for Clinic Services  
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University of the Philippines  
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Dr. Jovencia Dumindin  
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National Family Planning Program  
Ministry of Health  
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Mr. John Dumm  
Chief  
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REPUBLIC OF CHINA  
Dr. Han-Sun Chiang  
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Ramathidodi Hospital  
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Dr. Vitoon Osathanondh  
Professor, Dept. of Ob/Gyn  
Ramathibodi Hospital  
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UNITED STATES  
Dr. John C. Cutler  
International Health  
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Pittsburgh
Dr. John I. Fishburne
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Maternal-Fetal Medicine
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Beth S. Atkins
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New York, New York

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Douglas Huber
Director, Medical Director
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Terrence Jezowski
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Internal Programs
Association for Voluntary Sterilization
New York, New York
APPENDIX B

EXPERT COMMITTEE ON THE SAFETY OF VOLUNTARY SURGICAL CONTRACEPTION

Manila, Philippines
May 9-12, 1983

Manila Hilton International

Monday-May 9, 1983

9:00 A.M. - 12:30 P.M. OPENING SESSION
TOH YUEN, 3rd Floor

9:00 A.M. - 9:15 A.M. Welcome: Dr. Virgilio Oblepias, President
Philippines Association for the Study of Sterilization

Definition of Committee Purpose: Dr. C.S. Dawn

Dissemination of Conclusions: Dr. Azizur Rahman

9:15 A.M. - 10:00 A.M. Task Force Issue #1: "Preoperative Medical Evaluation/Postoperative Medical Evaluation/Post Operative Followup and Variations in Vasectomy Techniques"
Discussion Moderators: Dr. Palitha Abeykoon,
Dr. Hakim Sorimuda Pohan
Monday - May 9, 1983 (continued)

10:00 A.M. - 10:45 A.M.  Task Force Issue #2: "Safety Issues of Specific Female Surgical Techniques"
Discussions Moderators: Dr. C.S. Dawn, Dr. Chan Moo Park

10:45 A.M. - 11:00 A.M.  Coffee Break

11:00 A.M. - 11:45 A.M.  Task Force Issue #3: "Anesthesia, Asepsis, and Emergency Procedures"
Discussions Moderators: Dr. Razia Ansari, Dr. Peter Bayliss

11:45 A.M. - 12:30 P.M.  Task Force Issue #4: "Monitoring and Supervision"
Discussions Moderators: Dr. Atiqur Rahman Khan, Dr. M.F. Fathalla

(On the sessions listed above, Expert Committee Members will contribute examples of priority safety issues based on their country reports and clinical experience.)

12:30 P.M. - 2:00 P.M.  Luncheon hosted by the Board of Directors, Philippines Association for the Study of Sterilization

2:00 P.M. - 5:00 P.M.  Task Force Deliberations -- Identification of Problems

1. Preoperative medical evaluation/postoperative follow-up, and variations in vasectomy techniques

2. Safety issues of specific surgical techniques

3. Anesthesia, asepsis, and emergency procedures;

4. Monitoring and supervision systems

Each group will address specific issues of concern. Individual experts will present briefly the current status of a particular issue and outline specific problems to be resolved. Participants will exchange safety information and identify questions that require the most deliberation.

Tuesday - May 10, 1983

9:00 A.M. - 5:00 P.M.  Task Force Deliberations -- Development of Policy Recommendations
(Rooms to be announced)
Tuesday - May 10, 1983 (continued)

Each group will develop specific policy recommendations to be presented to the Expert Committee for final review, adoption, and dissemination. Stress will be placed on developing practical guidelines that can be applied to various program settings. Rationales for decisions should be clear, with evidence cited from studies and clinical experience. (Lunch breaks will be scheduled at each group’s convenience.)

Wednesday - May 11, 1983

8:00 A.M. - 9:00 A.M. Business meeting of the Asian Regional Association for Voluntary Sterilization
TOH YUEN, 3rd Floor
9:00 A.M. - 3:30 P.M. Presentation of Task Force Recommendations for Review and Adoption
TOH Yuen, 3rd Floor

1. Preoperative medical evaluation/postoperative follow-up, and variations in vasectomy techniques
2. Safety issues of specific surgical techniques
3. Anesthesia, asepsis, and emergency procedures
4. Monitoring and supervision systems

(A lunch break will be scheduled at the group’s convenience.)

4:00 P.M. - 5:00 P.M. Summing Up -- Where do we go from here?

7:30 P.M. hosted by the Asian Regional Association for Voluntary Sterilization

Thursday - May 12, 1983

8:30 A.M. - 12:30 P.M. Field trip -- Visit to clinical sites organized by the Philippines Association for the Study of Sterilization.
APPENDIX C

TASK FORCE MEMBERS AND

S FOR TASK FORCE DISCUSSION

EXPERT COMMITTEE ON SAFETY OF VOLUNTARY SURGICAL CONTRACEPTION

Hilton International
Manila, Philippines
May 9-12, 1983
PARTICIPANTS - TASK FORCE 1

Preoperative Medical Evaluation/Post Operative Follow-up and Variations in Vasectomy Techniques

Leader: Dr. Palitha Abeykoon (Sri Lanka)

Co-Leader: Dr. Hakim Sorimuda Pohan (Indonesia)

Experts:

Dr. Ruben Apelo (Philippines) Question #3

Dr. A.M.L. Beligaswatte (Sri Lanka) Question #2

Dr. H.S. Chiang (Taiwan) Question #4

Dr. C.H. Jhaveri (India) Question #1 (a)

Dr. Djoko Rahardjo (Indonesia) Question #5

Rapporteur: Ms. Pamela Harper
DISCUSSION ISSUES FOR TASK FORCE GROUP 1
PREOPERATIVE MEDICAL EVALUATION/POSTOPERATIVE FOLLOW-UP, AND VARIATIONS IN VASECTOMY TECHNIQUES

1. Preoperative Medical Evaluation and Instructions for Female Requestors:
   a) What screening techniques and preventive measures can be used to reduce the risk of ectopic pregnancies? What is the best timing of surgery to reduce the risk of ectopic pregnancy? (C.H. JHAVERI, H.S. POHAN)
   b) What are ideal medical screening procedures for tubectomy -- appropriate hemoglobin levels, urinalysis on other screening components of the physical and history, including an assessment of medical or psychological contraindications?
   c) What preoperative instructions to enhance patient safety should be given to tubectomy requestors? (H.S. POHAN)

2. Preoperative Medical Evaluation and Instructions for Male Requestors: (FELIGASWATI
   a. What are ideal medical screening procedures for vasectomy -- appropriate laboratory test and other screening components of the physical and history, including an assessment of medical or psychological contraindications?
   b) What preoperative instructions to enhance patient safety should be given to vasectomy requestors?

3. Postoperative Follow-up For Female Patients: (R. APELO)
   a) What follow-up instructions to enhance patient safety should be given to tubectomy patients.
   b) When and how should female patients be followed-up postoperatively? What postoperative care should occur in the case of mobile units or camp settings?

4. Postoperative Follow-up Measures for Male Patients: (H.S. CHIANG)
   a) What follow-up instructions to enhance patient safety should be given to vasectomy clients?
   b) How should vasectomy clients be followed up particularly in regard to semen analysis? What are alternatives when semen analysis is not practical?

5. Variations in Vasectomy Techniques (BELIGASWATTE, RAHRDJ)

3/18/83
PARTICIPANTS - TASK FORCE 2

Safety Issues of Specific Female Surgical Techniques

Leader: Dr. C.S. Dawn (India)

Co-Leader: Dr. Chan Moo Park (Korea)

Experts:
Dr. Biran Affandi (Indonesia)
Dr. Francisco Baeza (Mexico)
Dr. Kamhaeng Chaturachinda (Thailand)
Dr. Tarick Aboul Dahab (Egypt)
Dr. Vitoon Osathanondh (Thailand)
Dr. Emma Robles (Philippines)
Dr. M. Shamsuzzoha (Bangladesh)

Rapporteur: Ms. Joyce Holfeld

Assigned Topics:

Questions #3 (d) & #5
Questions #4 & #1
Question #3
Question #1
Question #2
Question #5
Question #2
DISCUSSION ISSUES FOR TASK FORCE GROUP 2

SAFETY ISSUES OF SPECIFIC FEMALE SURGICAL PROCEDURES

1. **Post-partum Sterilizations:** (B. AFFANDI, T.A. DAHAB)
   a) What is the appropriate timing for post-partum sterilizations?
   b) What are the appropriate and inappropriate approaches and methods of post-partum sterilization?

2. **Minilaparotomy:** (V. OSATHANONDH, M. SHAMSUZZOHA)
   a) What are the advantages and disadvantages of the minilaparotomy technique?
   b) What are the implications of the variations of the technique (e.g. incisions, elevator vs. no elevator etc.)?
   c) What are the major complications of minilaparotomy and what preventive measures can be taken to reduce the complications?

3. **Laparoscopy:** (BAEZA, K. CHATURACHINDA)
   a) What are the advantages and disadvantages of laparoscopic techniques? What is the appropriate setting for laparoscopy? What are the implications of the variations of laparoscopic techniques (e.g. bipolar vs. unipolar, electrocautery, rings/clips, open/closed, etc.)?
   b) What are the major complications of laparoscopy and what preventive measures can be taken to reduce the complications.
   c) What are the relevant safety issues involved in establishing pneumoperitoneum for laparoscopy? What are advantages in using CO₂, NO₂, or air?
   d) What are the optimum equipment needs for laparoscopy and minilaparotomy? What are relevant equipment maintenance issues, particularly for laparoscopic equipment? (include: C.M. PARK)

4. **Training Requirements:** (B. AFFANDI)
   a) For the various techniques, who should be trainors? What should their qualifications included?
   b) For the various techniques, who should be the trainees? What should their previous professional training include?
   c) What is the training criteria for certification in the specific techniques (e.g. what is the minimum number of procedures which should be performed)?
5. Failure Rates (C.M. PARK, E. ROBLES)

a) What are the failure rates for the various surgical techniques? What preventive measures can be taken to reduce the failure rate?

b) What safeguard measures can be taken to avoid luteal phase pregnancies, method failures, and operator failures?
PARTICIPANTS - TASK FORCE 3

Anesthesia, Asepsis, and Emergency Procedures

Assigned Topics:

Leader: Dr. Razia Ansari (Pakistan)

Co-Leader: Dr. Peter Bayliss (Australia)

Experts:

Dr. Braulio de Castro (Philippines) Question #1

Dr. John I. Fishburne (USA) Question #1

Dr. Tara Bahadur Khatri (Nepal) Questions #2 & #3

Dr. Virgilio R. Oblepias (Philippines) Question #5

Dr. Azizur Rahman (Bangladesh) Question #1
DISCUSSION ISSUES FOR TASK FORCE GROUP 3

ANESTHESIA, ASEPSIS, AND EMERGENCY PROCEDURES

1. Anesthesia: (DE CASTRO, J.I. FISHBURN, A. RAHMAN)
   a) What are the differences in safety in regard to use of general, regional or local anesthesia?
   b) When is it appropriate to use general, regional or local anesthesia for laparoscopy, minilap, and vasectomy.
   c) What are the best techniques and dosage levels for administering anesthesia -- for laparoscopy, minilaparotomy, and vasectomy?
   d) What are the emergency problems which might be a result of anesthesia and how should they be managed? How should Narcan (Nalaxone) be used?

2. Asepsis: (T.B. KHATI)
   a) What measures should be taken to ensure aseptic conditions?
   b) How should surgical instruments and equipment be sterilized?

3. Measures to Prevent Tetanus: (T.B. KHATI)
   a) What preventive measures are recommended to avoid the occurrence of tetanus?
   b) What are the respective roles of tetanus toxoid, hyperimmune serum, aseptic techniques and antibiotics?

4. Patient Monitoring: (P. BAYLISS)
   a) What procedures should be used for patient monitoring before, during and after surgery (e.g. for vital signs, respiration, pulse, temperature, and blood pressure)?
   b) What procedures should be followed if a complication arises?

5. Emergency Procedures: (V. R. OBLEPIAS)
   a) What are appropriate resuscitation procedures?
   b) What emergency equipment should be available? For what techniques and for what settings?

2/18/83
rev. 2/22/83
PARTICIPANTS - TASK FORCE 4

Monitoring and Supervision

Leader: Dr. Atiqur Rahman Kha
(Bangladesh)

Co-Leader: Dr. M.F. Fathalla
(Egypt)

Experts:
Dr. Yooth Bodharamik
(Thailand)
Dr. John Cutler
(USA)
Dr. K.M. Husain
(Bangladesh)
Dr. George Rubin
(USA)
Dr. Suresh Rao S. Santpur
(India)
Dr. Earle Wilson
(Switzerland)

Rapporteur: Ms. Beth Atkins

Assigned Topics:

- Question #1
- Question #2
- Question #3
- Question #4
DISCUSSION ISSUES FOR TASK FORCE GROUP 4
MEDICAL MONITORING AND SUPERVISION

1. **Morbidity Monitoring:** (K.M. HUSSEIN, E. WILSON)
   a) What are VSC major and minor complications?
   b) What is morbidity monitoring and who should be responsible?
   c) What components should be included in a morbidity monitoring system?
   d) How is accuracy in morbidity monitoring ensured?
   e) What should be done when problem trends emerge?
   f) Who should pay for morbidity monitoring at the local, regional and national levels?

2. **Mortality Monitoring:** (G. RUBIN)
   a) What is an VSC-attributable death and a non-VSC-attributable death?
   b) What is mortality monitoring and who is responsible for monitoring?
   c) What components should be included in a mortality monitoring system?
   d) What death follow-up investigations should occur and who should perform the medical review?
   e) Who should pay for morbidity monitoring at the local, regional and national level?

3. **Medical Monitoring and Supervision Systems:** (S.R. SANTPUR)
   a) To ensure patient safety, what minimum requirements are necessary of an effective medical monitoring system? For the clinic level, for the hospital level? For a multi-site network, and for a national program?
   b) What is included in a medical supervision system and who should be responsible? In a clinic? In a hospital? In a multi-site network? In a national program?
4. Program Evaluation and Feedback:

a) How can program data, collected and analyzed, be most effectively used for improved quality of service delivery?

b) How can a service delivery site benefit from a program evaluation and feedback system?
Mortality Monitoring

A. Mortality Associated with Voluntary Contraception

A voluntary surgical contraception (VSC) associated death is a death of a person who undergoes VSC within 42 days of the procedure, or death resulting from a complication that occurs before the end of the 42 day postoperative period.

2. A VSC-attributable death is a death resulting from complication(s) of the operation and/or anesthesia, from the chain of events initiated by the operation and/or anesthesia, or from aggravation of an unrelated condition by the physiologic or pharmacologic effects of the operation and/or anesthesia.

3. A non-VSC-attributable death is a death occurring after the operation that is not casually associated with the operation and/or anesthesia, the complications, or their management.

B. 1. VSC mortality monitoring is the surveillance (active and passive) of persons having VSC's to determine the causes of VSC-associated deaths and the VSC-attributable death rate.

2. Mortality monitoring of all VSC clients should be the responsibility of all health workers. Community leaders may use innovative ways to facilitate active surveillance of VSC-associated deaths. It is important that each region and country identify specific individuals to receive such death reports such that deaths can be investigated and mortality data then be forwarded to the national level.
C. Components of a mortality monitoring system include:

1. Community and health worker awareness that reporting of such VSC-associated deaths is important
2. Measures to increase the likelihood that VSC deaths are reported
3. Individuals clearly identified to deal with reports of VSC-associated deaths
4. A communication system insuring that all death reports are funneled to a central authority
5. A medical investigation team to determine the events leading up to, and the cause of a VSC-associated death
6. Collation of information on VSC-associated deaths at the central level
7. Communication of the results of analysis of the collated data to the local health community VSC program managers, international health agencies, and politicians who need to know

D. VSC-Associated deaths should be investigated by a medically trained person to determine:

1. The immediate and underlying causes of death
2. Whether or not the death was VSC-attributable
3. If any preventable factors were present, these preventable factors may be patient factors, physician or health worker factors, or community factors
4. Report of the death including patient demographic, medical social, histories together with a detailed account of the VSC procedure and subsequent events should be prepared and submitted to the persons responsible at the regional and national levels. The medical review team should contain at least one physician. This team may be organized at the local, regional, or national level. A medical review panel consisting of an appropriate number of physicians, should review all reports. Note: All death reports should be accompanied by copies of medical charts where possible. The review committee should decide if the reports are adequate or not. If not, the
further necessary details should be sought. Deaths should then be classified according to whether or not they are VSC attributable, by cause of death, and preventable factors should be identified. Death reports should be collated on a regular basis, e.g., 6 monthly or yearly.

E. Payment for mortality monitoring at the local, regional and national level.

Possibilities include:

1. None
2. Local or regional government
3. National government
4. Private agencies sponsoring VSC programs
5. National health agencies
6. International development agencies